| Fill in this information to identify your case: |                               |                               |
|---|-------------------------------|-------------------------------|
| United States Bankruptcy Court for the:         |                               |                               |
| SOUTHERN DISTRICT OF INDIANA                    |                               |                               |
| Case number (if known)                          | Chapter you are filing under: |                               |
|   | ☐ Chapter 7                   |                               |
|   | ☐ Chapter 11                  |                               |
|   | ☐ Chapter 12                  |                               |
|   | Chapter 13                    | ☐ Check if this amended filin |

### Official Form 101

## **Voluntary Petition for Individuals Filing for Bankruptcy**

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself   |   |             |  |
|-----|--|---|-------------|--|
|     |  | About Debtor 1:   | Δ           | About Debtor 2 (Spouse Only in a Joint Case):                                    |
| 1.  | Your full name   |   |             |  |
|     | Write the name that is on your government-issued picture identification (for example, your driver's license or passport).  Bring your picture identification to your meeting with the trustee. | Kevin First name  L Middle name  Summers Last name and Suffix (Sr., Jr., II, III) | F<br>C<br>N | Judy First name  C Middle name  Summers Last name and Suffix (Sr., Jr., II, III) |
| 2.  | All other names you have used in the last 8 years Include your married or maiden names.  | Kevin Summers<br>Kevin Lee Summers  |             | Judy Summers<br>Judy Carroll Summers   |
| 3.  | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN)  | xxx-xx-0370   | x           | xxx-xx-8496  |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 2 of 57

Debtor 1 **Kevin L Summers**Debtor 2 **Judy C Summers** 

Case number (if known)

|    |   | About Debtor 1:   | About Debtor 2 (Spouse Only in a Joint Case):  |
|----|---|---|--|
| 4. | Any business names and<br>Employer Identification<br>Numbers (EIN) you have<br>used in the last 8 years<br>Include trade names and<br>doing business as names | ■ I have not used any business name or EINs.  Business name(s)  EINs  | ■ I have not used any business name or EINs.  Business name(s)  EINs   |
|    |   |   |  |
| 5. | Where you live  | 440 Olanovill Band  | If Debtor 2 lives at a different address:  |
|    |   | Number, Street, City, State & ZIP Code  | Number, Street, City, State & ZIP Code   |
|    |   | Floyd<br>County   | County   |
|    |   | If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address.       |
|    |   | Number, P.O. Box, Street, City, State & ZIP Code  | Number, P.O. Box, Street, City, State & ZIP Code   |
| 6. | Why you are choosing  | Check one:  | Check one:   |
|    | this district to file for bankruptcy  | Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.                                | <ul> <li>Over the last 180 days before filing this petition, I<br/>have lived in this district longer than in any other<br/>district.</li> </ul> |
|    |   | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)  | ☐ I have another reason.<br>Explain. (See 28 U.S.C. § 1408.)   |
|    |   |   |  |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 3 of 57

|     | otor 1 Kevin L Summers  Judy C Summers  |  |   |                                | Case                                       | number (if known)                                    |   |  |
|-----|---|--|---|--------------------------------|--|--|---|--|
| Par | t 2: Tell the Court About   | Your Bankrunto                         | / C250  |                                |  |  |   |  |
| 7.  | The chapter of the Bankruptcy Code you are  | Check one. (For                        | Your Bankruptcy Case  Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. |                                |  |  |   |  |
|     | choosing to file under  | ☐ Chapter 7                            | iso, go to the top of page 1 a  | ria oricon tric                | арргорнаю вох.                             |  |   |  |
|     |   | ☐ Chapter 11                           |   |                                |  |  |   |  |
|     |   | ☐ Chapter 12                           |   |                                |  |  |   |  |
|     |   | Chapter 13                             |   |                                |  |  |   |  |
|     |   | - Chapter 13                           |   |                                |  |  |   |  |
| 8.  | How you will pay the fee  | about how<br>order. If y<br>a pre-prin | the entire fee when I file m<br>w you may pay. Typically, if yo<br>our attorney is submitting you<br>ted address.   | ou are paying<br>ur payment or | the fee yourself,<br>n your behalf, you    | you may pay with cash<br>ur attorney may pay with    | , cashier's check, or money a credit card or check with         |  |
|     |   |  | pay the fee in installments<br>a Fee in Installments (Official  |                                | e this option, sigr                        | n and attach the <i>Applica</i>                      | ition for Individuals to Pay                                    |  |
|     |   | but is not applies to                  | that my fee be waived (You<br>required to, waive your fee, a<br>your family size and you are<br>cation to Have the Chapter 7  | and may do so<br>unable to pa  | o only if your inco<br>y the fee in instal | ome is less than 150% of<br>Iments). If you choose t | of the official poverty line that his option, you must fill out |  |
| 9.  | Have you filed for  | □ No.                                  |   |                                |  |  |   |  |
|     | bankruptcy within the last 8 years?   | ■ Yes.                                 |   |                                |  |  |   |  |
|     | ,   |  | Indiana Southern  | Whon                           | 2/21/11                                    | Casa number  | 11-90447  |  |
|     |   | Distr                                  |   | When                           | 2/2 1/11                                   | Case number  | 11-30447  |  |
|     |   | Distr<br>Distr                         |   | When<br>When                   |  | Case number Case number                              |   |  |
|     |   | Disti                                  |   |                                |  |  |   |  |
| 10. | Are any bankruptcy cases pending or being   | ■ No                                   |   |                                |  |  |   |  |
|     | filed by a spouse who is<br>not filing this case with<br>you, or by a business<br>partner, or by an<br>affiliate? | ☐ Yes.                                 |   |                                |  |  |   |  |
|     |   | Deb                                    |   |                                |  | Relationship to y                                    |   |  |
|     |   | Distr                                  |   | When                           |  | Case number, if                                      |   |  |
|     |   | Debi                                   | -   | \A/I <sub>0</sub> =            |  | Relationship to y                                    | -   |  |
|     |   | Distr                                  | 1Ct   | When                           |  | Case number, if                                      | known   |  |
| 11. | Do you rent your residence?   | ■ No. Go                               | to line 12.   |                                |  |  |   |  |
|     | residence :   | ☐ Yes. Ha                              | s your landlord obtained an e   | viction judgm                  | ent against you?                           |  |   |  |
|     |   |  | No. Go to line 12.  |                                |  |  |   |  |
|     |   |  | Yes. Fill out <i>Initial States</i> this bankruptcy petition.   | ment About ai                  | า Eviction Judgm                           | ent Against You (Form                                | 101A) and file it as part of                                    |  |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 4 of 57

|     | tor 1 Kevin L Summers<br>tor 2 Judy C Summers   |                        |  | Case number (if known)  |  |  |  |
|-----|---|------------------------|--|---|--|--|--|
|     |   |                        |  |   |  |  |  |
| Par | Report About Any Bu   | sinesses               | You Own as a Sole Proprie  | tor   |  |  |  |
| 12. | Are you a sole proprietor of any full- or part-time business?   | ■ No.                  | No. Go to Part 4.  |   |  |  |  |
|     |   | ☐ Yes.                 | ☐ Yes. Name and location of business   |   |  |  |  |
|     | A sole proprietorship is a<br>business you operate as<br>an individual, and is not a<br>separate legal entity such<br>as a corporation,<br>partnership, or LLC. |                        | Name of business, if any   |   |  |  |  |
|     | If you have more than one sole proprietorship, use a separate sheet and attach  |                        | Number, Street, City, Sta  | te & ZIP Code   |  |  |  |
|     | it to this petition.  |                        | • • • •  | ox to describe your business:   |  |  |  |
|     |   |                        | ☐ Health Care Busin  | ness (as defined in 11 U.S.C. § 101(27A))   |  |  |  |
|     |   |                        | ☐ Single Asset Real  | Estate (as defined in 11 U.S.C. § 101(51B))   |  |  |  |
|     |   |                        | ☐ Stockbroker (as d  | lefined in 11 U.S.C. § 101(53A))  |  |  |  |
|     |   |                        | ☐ Commodity Broke  | er (as defined in 11 U.S.C. § 101(6))   |  |  |  |
|     |   |                        | ☐ None of the above  | e   |  |  |  |
| 13. | Are you filing under<br>Chapter 11 of the<br>Bankruptcy Code and are<br>you a small business<br>debtor?   | deadlines<br>operation | ou are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate adlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of erations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure 1 U.S.C. 1116(1)(B). |   |  |  |  |
|     | For a definition of small   | ■ No.                  | I am not filing under Chap   | oter 11.  |  |  |  |
|     | business debtor, see 11 U.S.C. § 101(51D).  | □ No.                  | I am filing under Chapter<br>Code.   | 11, but I am NOT a small business debtor according to the definition in the Bankruptcy  |  |  |  |
|     |   | ☐ Yes.                 | I am filing under Chapter  | 11 and I am a small business debtor according to the definition in the Bankruptcy Code. |  |  |  |
| Par | t 4: Report if You Own or   | Have Any               | Hazardous Property or An   | y Property That Needs Immediate Attention   |  |  |  |
| 14. | Do you own or have any  | ■ No.                  |  |   |  |  |  |
|     | property that poses or is alleged to pose a threat  | ☐ Yes.                 |  |   |  |  |  |
|     | of imminent and   | <b>—</b> 103.          | What is the hazard?  |   |  |  |  |
|     | identifiable hazard to public health or safety?   |                        |  |   |  |  |  |
|     | Or do you own any   |                        | If immediate attention is  |   |  |  |  |
|     | property that needs immediate attention?  |                        | needed, why is it needed?  |   |  |  |  |
|     | For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?   |                        | Where is the property?   |   |  |  |  |
|     |   |                        |  | Number, Street, City, State & Zip Code  |  |  |  |
|     |   |                        |  |   |  |  |  |

Debtor 1 Kevin L Summers
Debtor 2 Judy C Summers

Case number (if known)

#### Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

#### Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of:                               |

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court. Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 6 of 57

|  |  | . Summers<br>Summers       |   |  |  | Case nu                                 | umber <i>(if kn</i>    | nown)  |        |
|--|--|----------------------------|---|--|--|---|------------------------|--|--------|
| Part   | 6: Answer T  | hese Questi                | ons for R   | eporting Purposes  |  |   |                        |  |        |
|  | What kind of d                                     |                            | 16a.  | Are your debts primari   |  |   | e defined in           | n 11 U.S.C. § 101(8) as "incurred                                  | by an  |
|  | you nave?  |                            |   | individual primarily for a personal, family, or household purpose."  ☐ No. Go to line 16b. |  |   |                        |  |        |
|  |  |                            |   | ■ Yes. Go to line 17.  |  |   |                        |  |        |
|  |  |                            | 16b.  |  | ily business debts? Busin                                    | ess debts are d                         | lebts that v           | you incurred to obtain   |        |
|  |  |                            | . 00.   |  | investment or through the                                    |   |                        |  |        |
|  |  |                            |   | ☐ No. Go to line 16c.  |  |   |                        |  |        |
|  |  |                            |   | ☐ Yes. Go to line 17.  |  |   |                        |  |        |
|  |  |                            | 16c.  | State the type of debts y  | ou owe that are not consu                                    | mer debts or bu                         | siness deb             | ots  |        |
| 17.  | Are you filing Chapter 7?                          | under                      | ■ No.   | I am not filing under Cha  | apter 7. Go to line 18.                                      |   |                        |  |        |
|  | Do you estima<br>after any exem<br>property is exc | npt                        | ☐ Yes.  |  | r 7. Do you estimate that a<br>be available to distribute to |   |                        | s excluded and administrative ex                                   | penses |
|  | administrative                                     | expenses                   |   | □ No   |  |   |                        |  |        |
| are paid that fu<br>be available fo<br>distribution to<br>creditors? |  | ble for<br>on to unsecured |   | ☐ Yes  |  |   |                        |  |        |
| 18.  | How many Creditors do you estimate that you owe?   | <b>1</b> -49               |   | <b>1</b> ,000-5,000  | )  |   | <b>1</b> 25,001-50,000 |  |        |
|  |  | 50-99                      |   |  | ☐ 5001-10,000  |   | ☐ 50,001-100,000       |  |        |
|  |  | ☐ 100-19<br>☐ 200-9        | ☐ 100-199<br>☐ 200-999                            |  | ☐ 10,001-25,000  |   | ☐ More than100,000     |  |        |
| 19.  |  | How much do you            | □ \$0 - \$  | 50,000   | □ \$1,000,001  | - \$10 million                          |                        | □ \$500,000,001 - \$1 billion                                      |        |
|  | estimate your be worth?                            | assets to                  |   | 01 - \$100,000   |  | ☐ \$10,000,001 - \$50 million           |                        | □ \$1,000,000,001 - \$10 billion                                   |        |
|  |  |                            | ■ \$100,001 - \$500,000 □ \$500,001 - \$1 million |  | □ \$50,000,00°<br>□ \$100,000,00                             | 1 - \$100 million<br>01 - \$500 millior | า                      | ☐ \$10,000,000,001 - \$50 billion ☐ More than \$50 billion         | 1      |
| 20.  | How much do  |                            | □ \$0 - \$  | 50,000   | □ \$1,000,001  | - \$10 million                          |                        | □ \$500,000,001 - \$1 billion                                      |        |
|  | estimate your to be?                               | liabilities                | □ \$50,0  | 001 - \$100,000  |  | □ \$10,000,001 - \$50 million           |                        | □ \$1,000,000,001 - \$10 billion                                   |        |
|  |  |                            | \$100,001 - \$500,000                             |  | □ \$50,000,00°   |   | 2                      | □ \$10,000,000,001 - \$50 billion □ More than \$50 billion         | n      |
|  |  |                            | ₩ \$500,0   | 001 - \$1 million  | □ \$100,000,001 - \$500 million                              |   | 1                      | I More than \$50 billion   |        |
| Part   | 7: Sign Belo                                       | w                          |   |  |  |   |                        |  |        |
| For  | you  |                            | I have ex   | amined this petition, and  | I declare under penalty of p                                 | perjury that the i                      | information            | n provided is true and correct.                                    |        |
|  |  |                            |   |  |  |   |                        | er Chapter 7, 11,12, or 13 of title to proceed under Chapter 7.    | 11,    |
|  |  |                            |   |  | did not pay or agree to pay<br>ad the notice required by 1°  |   |                        | attorney to help me fill out this                                  |        |
|  |  |                            | I request   | relief in accordance with  | the chapter of title 11, Unit                                | ed States Code,                         | , specified            | in this petition.  |        |
|  |  |                            |   | cy case can result in fines  |  |   |                        | perty by fraud in connection with, or both. 18 U.S.C. §§ 152, 1341 |        |
|  |  |                            | /s/ Kevi  | n L Summers  |  | /s/ Judy C S                            |                        | ;  |        |
|  |  |                            |   | . <b>Summers</b><br>e of Debtor 1  |  | Judy C Sum<br>Signature of D            |                        |  |        |
|  |  |                            | Executed  | d on August 8, 2018<br>MM / DD / YYYY  |  | Executed on                             | August<br>MM / DD      |  |        |
|  |  |                            |   | ואוואו / טט / ואוואו   |  |   | וווווו / טט            | / 1 / 1 1  |        |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 7 of 57

| Debtor 1 Debtor 2  Kevin L Summer Judy C Summers   |  | Cas  | e number (if known)  | 10/10 3.031 W          |
|--|--|--|--|------------------------|
| For your attorney, if you are represented by one  If you are not represented by an attorney, you do not need |  | ates Code, and have enave delivered to the | xplained the relief available under each debtor(s) the notice required by 11 U.S.C | chapter<br>C. § 342(b) |
| to file this page.   | /s/ Lloyd E. Koehler, Attorney at Law Signature of Attorney for Debtor   | Date                                       | August 8, 2018<br>MM / DD / YYYY   |                        |
|  | Lloyd E. Koehler, Attorney at Law Printed name Koehler Law Office Firm name 400 Pearl Street Suite 200 New Albany, IN 47150 Number, Street, City, State & ZIP Code |  |  |                        |
|  | Contact phone 812-949-2211   | Email address                              | lloydkoehler@hotmail.com   |                        |

IN

Bar number & State

| Fil        | I in this inforn  | nation to identify you          | r case:   |   |  |   |
|------------|-------------------|---------------------------------|---|---|--|---|
|            | ebtor 1           | Kevin L Summe                   |   |   |  |   |
|            |                   | First Name                      | Middle Name   | Last Name   |  |   |
| "          | ebtor 2           | Judy C Summer                   |   | LastName  |  |   |
| (Sp        | oouse if, filing) | First Name                      | Middle Name   | Last Name   |  |   |
| Un         | nited States Ba   | nkruptcy Court for the:         | SOUTHERN DISTRICT   | OF INDIANA  |  |   |
| Ca         | ase number        |                                 |   |   |  |   |
| (if k      | known)            |                                 |   |   |  | Check if this is an amended filing                            |
|            |                   |                                 |   |   |  | <b>3</b>  |
| $\bigcirc$ | fficial Fo        | rm 107                          |   |   |  |   |
| _          |                   |                                 | Affairs for Indivi  | duals Filing for F                                    | Rankruntov                             | 4/1   |
|            |                   |                                 |   |   |  |   |
|            |                   |                                 | ible. If two married people a<br>attach a separate sheet to                         |   |  |   |
| nur        | mber (if know     | n). Answer every que            | stion.  |   |  |   |
| Pa         | rt 1: Give D      | Details About Your Ma           | arital Status and Where You   | ı Lived Before  |  |   |
| 1.         | What is you       | r current marital statu         | ıs?   |   |  |   |
| ••         |                   |                                 |   |   |  |   |
|            | ■ Married         |                                 |   |   |  |   |
|            | ☐ Not mar         | rried                           |   |   |  |   |
| 2.         | During the la     | ast 3 years, have you           | lived anywhere other than   | where you live now?                                   |  |   |
|            | □ No              |                                 |   |   |  |   |
|            | Yes. Lis          | at all of the places you        | lived in the last 3 years. Do n   | ot include where you live no                          | w.                                     |   |
|            | Debtor 1 Pr       | ior Address:                    | Dates Debtor 1<br>lived there   | Debtor 2 Prior A                                      | ddress:                                | Dates Debtor 2<br>lived there                                 |
|            |                   | n Valley Road                   | From-To:  | Same as Debtor  | 1                                      | Same as Debtor 1  |
|            | New Albai         | ny, IN 47150                    | November<br>2015-Novemb   | ner   |  | From-To:  |
|            |                   |                                 | 2017  | ,,,,  |  |   |
|            | No Yes. Ma        | <i>i</i> es include Arizona, Ca | llifornia, Idaho, Louisiana, Ne   | vada, New Mexico, Puerto F                            |  | r <b>territory?</b> (Community property<br>on and Wisconsin.) |
| _          |                   |                                 |   |   |  |   |
| 4.         | Fill in the tota  | al amount of income yo          | mployment or from operating received from all jobs and have income that you receive | all businesses, including par                         | t-time activities.                     | ous calendar years?   |
|            | □ No              |                                 |   |   |  |   |
|            | Yes. Fill         | I in the details.               |   |   |  |   |
|            |                   |                                 | Debtor 1  |   | Debtor 2                               |   |
|            |                   |                                 | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions) | Sources of incom<br>Check all that app |   |

Official Form 107

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 9 of 57

|                                      | n L Summers<br>C Summers                   |   | Case   | e number ( <i>if known</i> )  |   |
|--------------------------------------|--|---|--|---|---|
|                                      |  |   |  |   |   |
|                                      |  | Debtor 1  |  | Debtor 2  |   |
|                                      |  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions and<br>exclusions)  | Sources of income<br>Check all that apply.  | Gross income<br>(before deductions<br>and exclusions) |
|                                      | of current year until<br>d for bankruptcy: | ☐ Wages, commissions, bonuses, tips   | \$0.00   | ■ Wages, commissions, bonuses, tips   | \$28,894.78   |
|                                      |  | ☐ Operating a business  |  | ☐ Operating a business  |   |
| For last calenda<br>(January 1 to De | r year:<br>cember 31, 2017 )               | ☐ Wages, commissions, bonuses, tips   | \$0.00   | ■ Wages, commissions, bonuses, tips   | \$53,777.00   |
|                                      |  | ☐ Operating a business  |  | ☐ Operating a business  |   |
|                                      | year before that:<br>ecember 31, 2016)     | ☐ Wages, commissions, bonuses, tips   | \$0.00   | ■ Wages, commissions, bonuses, tips   | \$55,372.00   |
|                                      |  | ☐ Operating a business  |  | ☐ Operating a business  |   |
| □ No                                 | irce and the gross inco                    | Debtor 1 Sources of income  | tely. Do not include income the state of the | Debtor 2 Sources of income  | Gross income  |
|                                      |  | Describe below.   | each source<br>(before deductions and<br>exclusions)   | Describe below.   | (before deductions and exclusions)                    |
|                                      | of current year until<br>d for bankruptcy: | SSDI Benefits   | \$8,400.00   |   |   |
| For last calenda<br>(January 1 to De | r year:<br>cember 31, 2017 )               | Social Security<br>Benefits   | \$14,351.00  |   |   |
|                                      | year before that:<br>ecember 31, 2016)     | SSDI Benefits   | \$14,310.00  |   |   |
| Part 3: List Ce                      | ertain Pavments You                        | Made Before You Filed for   | Bankruptcv   |   |   |
|                                      | •  |   |  |   |   |
| □ No. <b>N</b>                       | either Debtor 1 nor D                      | 's debts primarily consumer<br>Debtor 2 has primarily consumants personal, family, or household | umer debts. Consumer debts   | s are defined in 11 U.S.C. § 10   | 01(8) as "incurred by an                              |
| D                                    | uring the 90 days befo                     | ore you filed for bankruptcy, di  | d you pay any creditor a total   | of \$6,425* or more?  |   |
|                                      | No. Go to line 7                           | <b>7.</b>   |  |   |   |
|                                      | paid that cr<br>not include                | editor. Do not include paymer payments to an attorney for the                                   | nts for domestic support oblig<br>his bankruptcy case.   | n one or more payments and tations, such as child support and or after the date of adjustment | and alimony. Also, do                                 |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 10 of 57 **Kevin L Summers** Debtor 1 **Judy C Summers** Debtor 2 Case number (if known) Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment Total amount Amount you Was this payment for ... paid still owe Freedom Mtg April, May, June, \$2,805.00 \$134,193.00 ■ Mortgage 10500 Kincaid Dr 2018 ☐ Car Fishers, IN 46037 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Santander April, May, June, \$1,170.00 \$7,069.00 ☐ Mortgage Po Box 961245 2018 ■ Car Ft Worth, TX 76161 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other **Dixie Finance Company** April, May, June, \$1,050.00 \$7,500.00 ■ Mortgage 2119 Dixie Hwy. 2018 ■ Car Louisville, KY 40212 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No ☐ Yes. List all payments to an insider. Insider's Name and Address **Dates of payment Total amount** Amount you Reason for this payment still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider

**Total amount** 

paid

Amount you

still owe

**Dates of payment** 

**Insider's Name and Address** 

Reason for this payment

Include creditor's name

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 11 of 57

|     | btor 1 Kevin L Summers  Judy C Summers   | known)   |   |   |                                     |
|-----|--|--|---|---|-------------------------------------|
| Pa  | rt 4: Identify Legal Actions, Repossessio  | ns, and Foreclosures   |   |   |                                     |
| 9.  | Within 1 year before you filed for bankrupt List all such matters, including personal injury modifications, and contract disputes.  No Yes. Fill in the details.                     | tcy, were you a party in a   |   |   |                                     |
|     | Case title   | Nature of the case   | Court or agency   | Status of th                            | e case                              |
|     | Case number Service Financial Company Vs Judy Summers 10C01-1707-CC-000859   | Suit on account  | Clark County Circuit Cour<br>501 E Court Ave. #137<br>Jeffersonville, IN 47130      | rt I Pending On appe Conclud            | ed                                  |
|     | Pat Harrison Vs Kevin Summers,<br>Judy Summers<br>22D02-1008-SC-00784  | Suit on account  | Floyd Superior Court II<br>311 Hauss Sq. #425<br>New Albany, IN 47150               | ☐ Pending ☐ On appe ☐ Conclud           | al<br>ed                            |
|     | General Acceptance Corp Vs Judy<br>C Summers<br>10D03-0708-CC-001327   | Suit on account  | Clark Superior Court 3<br>501 East Court Avenue<br>#137<br>Jeffersonville, IN 47130 | ☐ Pending ☐ On appe ■ Conclud  Judgment | ed                                  |
| 10. | Within 1 year before you filed for bankrups Check all that apply and fill in the details belo  ■ No. Go to line 11. ■ Yes. Fill in the information below.  Creditor Name and Address |  |   | parnished, attached                     | I, seized, or levied?  Value of the |
|     | Creditor Name and Address  | Explain what happene   |   | Date                                    | property                            |
|     | Service Financial Company<br>c/o Deatrick & Spies, PSC<br>P.O. Box 4668<br>Louisville, KY 40204-0668   | Judgment for deficition of the property was reposed on the property was foreclosed on the property was garnist of the property was attached on the property was |   | \$480.00                                |                                     |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details.   |  | cluding a bank or financial instit  | ution, set off any a                    | mounts from your                    |
|     | Creditor Name and Address  | Describe the action th   |   | Date action was taken                   | Amount                              |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a  No Yes   |  |   |   | efit of creditors, a                |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 12 of 57

|     | btor 1<br>btor 2      | Kevin L Summers Judy C Summers  |                     | Case number   | (if known)                        |                           |
|-----|-----------------------|---|---------------------|---|-----------------------------------|---------------------------|
| Pa  | rt 5:                 | List Certain Gifts and Contribution   | ns                  |   |                                   |                           |
| 13. | <b>=</b> 1            | n 2 years before you filed for bank<br>No<br>Yes. Fill in the details for each gift.  | ruptcy,             | did you give any gifts with a total value of more t   | han \$600 per person′             | ?                         |
|     | Gifts<br>per p        | s with a total value of more than \$60<br>person<br>on to Whom You Gave the Gift and  |                     | Describe the gifts  | Dates you gave the gifts          | Value                     |
| 14. | Withi                 | n 2 years before you filed for bank   |                     | did you give any gifts or contributions with a tot  | al value of more than             | \$600 to any charity?     |
|     | Gifts<br>more<br>Char | Yes. Fill in the details for each gift or or contributions to charities that e than \$600 rity's Name ress (Number, Street, City, State and ZIP Cod | total               | Describe what you contributed   | Dates you contributed             | Value                     |
| Pa  | rt 6:                 | List Certain Losses   |                     |   |                                   |                           |
| 15. | or ga                 | n 1 year before you filed for bankrumbling?  No Yes. Fill in the details.   | uptcy or            | since you filed for bankruptcy, did you lose any  | thing because of thef             | t, fire, other disaster   |
|     |                       | cribe the property you lost and the loss occurred   | Include             | ibe any insurance coverage for the loss e the amount that insurance has paid. List pending nce claims on line 33 of Schedule A/B: Property. | Date of your loss                 | Value of property<br>lost |
| Pa  | rt 7:                 | List Certain Payments or Transfer   | s                   |   |                                   |                           |
| 16. | Within consu          | n 1 year before you filed for bankru<br>ulted about seeking bankruptcy or   | uptcy, d<br>prepari | id you or anyone else acting on your behalf pay ng a bankruptcy petition? rs, or credit counseling agencies for services require            |                                   | rty to anyone you         |
|     | Addı<br>Ema           | Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You  |                     | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment         |
|     | 400<br>Suit<br>New    | hler Law Office<br>Pearl Street<br>e 200<br>r Albany, IN 47150<br>dkoehler@hotmail.com  |                     | Filing Fees<br>Credit report<br>Credit counseling   | 8/10/2018                         | \$122.00                  |
| 17. | prom<br>Do no         | ised to help you deal with your cre<br>t include any payment or transfer tha  | ditors o            | id you or anyone else acting on your behalf pay<br>or to make payments to your creditors?<br>ted on line 16.                                | or transfer any prope             | rty to anyone who         |
|     | _                     | No<br>Yes. Fill in the details.   |                     |   |                                   |                           |
|     |                       | on Who Was Paid   |                     | Description and value of any property transferred   | Date payment or transfer was made | Amount of payment         |

Debtor 1 **Kevin L Summers**Debtor 2 **Judy C Summers** 

Case number (if known)

| 18. | Within 2 years before you filed for bankruptcy, did you sell, trade, or otherwise transfer any property to anyone, other than property transferred in the ordinary course of your business or financial affairs?  Include both outright transfers and transfers made as security (such as the granting of a security interest or mortgage on your property). Do not include gifts and transfers that you have already listed on this statement.  No |  |   |   |                       |   |  |    |  |
|-----|---|--|---|---|-----------------------|---|--|----|--|
|     | ☐ Yes. Fill in the details.   |  |   |   |                       |   |  |    |  |
|     | Person Who Received Transfer<br>Address   |  |   | Description and value of property transferred |                       | ibe any property or<br>ents received or debts<br>n exchange   | Date transfer wa                       | S  |  |
|     | Person's relationship to you  | relationship to you                                    |   |   |                       |   |  |    |  |
| 19. | Within 10 years before you filed beneficiary? (These are often call  No Yes, Fill in the details.   |  |   | ny property to a                              | a self-settle         | d trust or similar device                                     | e of which you are a                   | l  |  |
|     | Name of trust   | Description and  | Description and value of the property transferred             |   |                       |   | as                                     |    |  |
|     | Name of trast   |  | Description and   | raide of the pre                              | operty trails         | iciica  | Date Transfer war made                 | 10 |  |
| Par | rt 8: List of Certain Financial A   | ccounts, Ins   | truments, Safe Deposi   | t Boxes, and S                                | torage Unit           | s   |  |    |  |
| 20. | Within 1 year before you filed for  | r bankruptcy   | y, were any financial ac                                      | counts or inst                                | ruments he            | ld in your name, or for y                                     | your benefit, closed                   | l, |  |
|     | sold, moved, or transferred? Include checking, savings, money market, or other financial accounts; certificates of deposit; shares in banks, credit unions, brokerage houses, pension funds, cooperatives, associations, and other financial institutions.  No  |  |   |   |                       |   |  |    |  |
|     | ☐ Yes. Fill in the details.   |  |   |   |                       |   |  |    |  |
|     |   |  | Last 4 digits of account number                               | J.  |                       | Date account was<br>closed, sold,<br>moved, or<br>transferred | Last balan<br>before closing<br>transi | or |  |
| 21. | Do you now have, or did you have within 1 year before you filed for bankruptcy, any safe deposit box or other depository for securities, cash, or other valuables?  |  |   |   |                       |   |  |    |  |
|     | ■ No  |  |   |   |                       |   |  |    |  |
|     | ☐ Yes. Fill in the details.   |  |   |   |                       |   |  |    |  |
|     | Name of Financial Institution<br>Address (Number, Street, City, State an  | nd ZIP Code)   | Who else had acc<br>Address (Number, S<br>State and ZIP Code) |   | Describe the contents |   | Do you still have it?                  |    |  |
| 22. | Have you stored property in a st  | orage unit o   | r place other than you  | r home within 1                               | 1 year befor          | e you filed for bankrupt                                      | tcy?                                   |    |  |
|     | ■ No  |  |   |   |                       |   |  |    |  |
|     | ☐ Yes. Fill in the details.   |  |   |   |                       |   |  |    |  |
|     | Name of Storage Facility<br>Address (Number, Street, City, State and  | nd ZIP Code)   | Who else has or to it? Address (Number, State and ZIP Code)   |   | Describe              | the contents  | Do you still have it?                  |    |  |
| Dar | rt 9: Identify Property You Hold  | Lor Control  | for Someone Fise  |   |                       |   |  |    |  |
| 23. |   |  |   | ude any prope                                 | rty you borr          | rowed from, are storing                                       | for, or hold in trust                  | I  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |   |                       |   |  |    |  |
|     | Owner's Name<br>Address (Number, Street, City, State an   | Where is the prop<br>(Number, Street, City, S<br>Code) |   | Describe                                      | the property          | Val   | ue                                     |    |  |
| Par | rt 10: Give Details About Environ   | nmental Info   | ,   |   |                       |   |  |    |  |

For the purpose of Part 10, the following definitions apply:

Environmental law means any federal, state, or local statute or regulation concerning pollution, contamination, releases of hazardous or

# Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 14 of 57

 $toxic\ substances,\ wastes,\ or\ material\ into\ the\ air,\ land,\ soil,\ surface\ water,\ groundwater,\ or\ other\ medium,\ including\ statutes\ other\ other\$ 

**Kevin L Summers Judy C Summers** Debtor 2

Case number (if known)

|     | regulations controlling the cleanup of these  | substances, wastes, or material.   |   |                    |  |  |  |  |  |  |
|-----|---|--|---|--------------------|--|--|--|--|--|--|
|     | to own, operate, or utilize it, including disposal sites.   |  |   |                    |  |  |  |  |  |  |
|     | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. |  |   |                    |  |  |  |  |  |  |
| Rep | ort all notices, releases, and proceedings that   | at you know about, regardless of when                                      | they occurred.  |                    |  |  |  |  |  |  |
| 24. | Has any governmental unit notified you that   | t you may be liable or potentially liable                                  | under or in violation of an environm                          | ental law?         |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |                    |  |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit<br>Address (Number, Street, City, State and<br>ZIP Code) | Environmental law, if you know it                             | Date of notice     |  |  |  |  |  |  |
| 25. | Have you notified any governmental unit of  | any release of hazardous material?   |   |                    |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |                    |  |  |  |  |  |  |
|     | Name of site<br>Address (Number, Street, City, State and ZIP Code)  | Governmental unit Address (Number, Street, City, State and ZIP Code)       | Environmental law, if you know it                             | Date of notice     |  |  |  |  |  |  |
| 26. | Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders.   |  |   |                    |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details.  |  |   |                    |  |  |  |  |  |  |
|     | Case Title Case Number  | Court or agency Name Address (Number, Street, City, State and ZIP Code)    | Nature of the case  | Status of the case |  |  |  |  |  |  |
| Par | t 11: Give Details About Your Business or   | Connections to Any Business  |   |                    |  |  |  |  |  |  |
| 27. | Within 4 years before you filed for bankrupt  | cy, did you own a business or have any                                     | of the following connections to an                            | y business?        |  |  |  |  |  |  |
|     | ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time   |  |   |                    |  |  |  |  |  |  |
|     | ☐ A member of a limited liability company (LLC) or limited liability partnership (LLP)  |  |   |                    |  |  |  |  |  |  |
|     | ☐ A partner in a partnership  |  |   |                    |  |  |  |  |  |  |
|     | ☐ An officer, director, or managing ex  | ecutive of a corporation   |   |                    |  |  |  |  |  |  |
|     | ☐ An owner of at least 5% of the voting   | g or equity securities of a corporation                                    |   |                    |  |  |  |  |  |  |
|     | ■ No. None of the above applies. Go to F  | Part 12.   |   |                    |  |  |  |  |  |  |
|     | ☐ Yes. Check all that apply above and fill  | in the details below for each business.                                    |   |                    |  |  |  |  |  |  |
|     | Business Name   | Describe the nature of the business  | Employer Identification number Do not include Social Security |                    |  |  |  |  |  |  |
|     | Address<br>(Number, Street, City, State and ZIP Code)   | Name of accountant or bookkeeper   | Dates business existed  | number or ITIN.    |  |  |  |  |  |  |
| 28. | Within 2 years before you filed for bankrupt institutions, creditors, or other parties.   | cy, did you give a financial statement to                                  | o anyone about your business? Incl                            | ude all financial  |  |  |  |  |  |  |
|     | ■ No □ Yes. Fill in the details below.  |  |   |                    |  |  |  |  |  |  |
|     | Name Address (Number, Street, City, State and ZIP Code)   |  |   |                    |  |  |  |  |  |  |
|     |   |  |   |                    |  |  |  |  |  |  |

Part 12: Sign Below

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 15 of 57

**Kevin L Summers** Debtor 2 Judy C Summers Case number (if known) are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Kevin L Summers /s/ Judy C Summers Judy C Summers **Kevin L Summers** Signature of Debtor 1 Signature of Debtor 2 Date August 8, 2018 Date August 8, 2018 Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? ■ No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms?

☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

|                      |  |                                       |  |                         | edroom, 1 bath brid<br>Debtors propose  |   | suhiect reside                                       | nce       |           |                   |
|----------------------|--|---------------------------------------|--|-------------------------|---|---|--|-----------|-----------|-------------------|
|                      |  |                                       |  | prop                    | er information you wish<br>perty identification numb                                | to add about this ite                         | (see instruction                                     | 5)        | - •       |                   |
|                      | County   |                                       |  |                         | _   | •   | ☐ Check if this                                      | is com    | munity p  | roperty           |
|                      | Floyd  |                                       |  | _ □                     | Debtor 2 only   |   |  |           |           |                   |
|                      |  |                                       |  |                         | has an interest in the p Debtor 1 only  | roperty? Check one                            | a life estate), if ki                                |           | irety     |                   |
|                      |  |                                       |  |                         | Other   |   | Describe the nate (such as fee simple states) if the | ole, tena |           |                   |
|                      | City   | State                                 | ZIP Code                               |                         | Investment property   |   | \$121,200  | 0.00      |           | \$121,200.00      |
|                      | New Alban  | ny IN                                 | 47150-0000                             |                         | <u>-</u>  | e home  | Current value of entire property?                    | he        |           | t value of the    |
|                      |  |                                       |  |                         | Condominium or coope  | _   | Creditors Who Ha                                     |           |           |                   |
|                      | 116 Glen N Street address, if                            | IIII Road available, or other des     | scription                              | _ =                     | Single-family home  | ildina  | Do not deduct section the amount of any              |           |           |                   |
| 1.1                  | 116 Clan M   | III Bood                              |  | Wha                     | at is the property? Check   | all that apply                                |  |           |           |                   |
|                      | o you own or ha  | 2.                                    | juitable interest in                   | any resid               | dence, building, land, or   | similar property?                             |  |           |           |                   |
| hink<br>nfor<br>Ansv | t it fits best. Be<br>mation. If more<br>wer every quest | as complete and space is needed, ion. | accurate as possi<br>attach a separate | ble. If two<br>sheet to | on married people are filir<br>this form. On the top of<br>al Estate You Own or Hav | ng together, both are<br>any additional pages | equally responsible                                  | for sup   | oplying o | orrect            |
| Sc                   | chedule  | m 106A/E<br>A/B: Pi                   | roperty                                | 4                       | et only once. If an asset   |   | actorowy list the                                    |           | .h        | 12/15             |
|                      |  |                                       |  |                         |   |   |  |           |           | nended filing     |
|                      | se number  | , ,                                   |  |                         |   |   |  |           | □ Ch      | eck if this is an |
| Uni                  | ted States Ban   | kruptcy Court for                     | the: SOUTHE                            | RN DIST                 | TRICT OF INDIANA  |   |  |           |           |                   |
|                      | otor 2<br>ouse, if filing)                               | Judy C Sum<br>First Name              |  | dle Name                | Last Na   | me  |  |           |           |                   |
| Deb                  | otor 1   | Kevin L Sun<br>First Name             |  | dle Name                | Last Na   | me  |  |           |           |                   |
| Fill                 | in this inform   | ation to identify                     | your case and                          | this filin              | ig:   |   |  |           |           |                   |
|                      |  |                                       |  |                         |   | LOD 00/0                                      | 0/10 17.00.5   | , ,       | g 10      | 8/08/18 5:05PM    |
|                      | Case 1   | L8-91173-A                            | KM-13 D                                | oc 1                    | Filed 08/08/18  | FOD 08/0                                      | 8/18 17:08:3   | 7 F       | 20 16     | of 57             |

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here.....=>

\$121,200.00

Part 2: Describe Your Vehicles

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

| Debto<br>Debto |   | L Summe<br>Summer                                   |  |   | Case number (if known)                |   |  |
|----------------|---|---|--|---|---------------------------------------|---|--|
| 3. <b>Ca</b>   | rs, vans, truck   | s, tractors,  | sport utility ve   | hicles, motorcycles   |                                       |   |  |
|                | No  |   |  |   |                                       |   |  |
| •              | Yes   |   |  |   |                                       |   |  |
| 3.1            | Make: Kia Model: Opt Year: 200 Approximate mi   | tima<br>08  | 95,000.00  | Who has an interest in the property? Check one ☐ Debtor 1 only ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only | the amount of any sec                 | d claims or exemptions. Put<br>cured claims on Schedule D:<br>Claims Secured by Property.<br>Current value of the<br>portion you own? |  |
|                | Other information: 1'   | on:<br>16 Glenmi                                    | II Road,   | At least one of the debtors and another   | ,                                     |   |  |
|                | New Albany<br>The value h<br>by the N.A.I<br>The Debtors<br>surrender th  | as been e<br>D.A Blueb<br>s propose                 | stimated<br>ook<br>to  | ☐ Check if this is community property (see instructions)  | \$4,338.0                             | 94,338.00   |  |
| 3.2            | Make: For Model:  | cus   |  | Who has an interest in the property? Check one ☐ Debtor 1 only  | the amount of any sec                 | d claims or exemptions. Put<br>cured claims on Schedule D:<br>Claims Secured by Property.   |  |
|                | Year: 2012 Approximate mileage: 140,000.00 Other information:   |   |  | ☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another                      | Current value of the entire property? | Current value of the portion you own?   |  |
|                | Location: 12<br>New Albany<br>The value h<br>by the N.A.I<br>The subject<br>purchased 6<br>8/7/2018   | / IN 47150<br>as been e<br>D.A Blueb<br>: vehicle w | stimated<br>ook<br>vas   | Check if this is community property (see instructions)  | \$4,550.0                             | 94,550.00   |  |
| 3.3            | Make: Ford Model: Escape  |   |  | Who has an interest in the property? Check one  Debtor 1 only   | the amount of any see                 | d claims or exemptions. Put<br>cured claims on Schedule D:<br>Claims Secured by Property.   |  |
|                | Year: 2001 Approximate mileage: 150,000 Other information:  | · · · · · · · · · · · · · · · · · · ·               | <ul><li>□ Debtor 2 only</li><li>■ Debtor 1 and Debtor 2 only</li><li>□ At least one of the debtors and another</li></ul> | Current value of the entire property?   | Current value of the portion you own? |   |  |
|                | Location: 116 Glenmill Road,<br>New Albany IN 47150<br>The value has been estimated<br>by the N.A.D.A Bluebook.<br>The subject vehicle is owned<br>free and clear of any liens. |   | stimated<br>ook.<br>s owned  | ☐ Check if this is community property (see instructions)  | \$2,088.00                            | \$2,088.00 \$2,088.00   |  |
| Exa<br>■       | amples: Boats, t  |   |  | nd other recreational vehicles, other vehicles, tercraft, fishing vessels, snowmobiles, motorcyc            |                                       |   |  |
|                |   |   |  | rn for all of your entries from Part 2, including that number here  |                                       | \$10,976.00   |  |
|                |   |   | nd Household Ite   |   |                                       |   |  |
| Do y           | ou own or hav   | e any legal   | or equitable in  | terest in any of the following items?   |                                       | Current value of the portion you own?  Do not deduct secured claims or exemptions.  |  |

Official Form 106A/B

|    | C                      | ase 18-9                   | 91173-AKM-13  | Doc 1           | Filed 08/08/18                               | EOD 08/08/18 17                 | :08:37       | Pg 18 of 57<br>8/08/18 5:05PM |
|----|------------------------|----------------------------|---|-----------------|--|---------------------------------|--------------|-------------------------------|
|    | ebtor 1<br>ebtor 2     |                            | Summers<br>Summers  |                 |  | Case number (i                  | f known)     |                               |
| 6. | Examp<br>☐ No          |                            | and furnishings<br>opliances, furniture, liner              | ns, china, kito | chenware                                     |                                 |              |                               |
|    |                        |                            | Used furniture Location: 116                                |                 | toad, New Albany IN                          | 47150                           |              | \$1,000.00                    |
| 7. | □ No                   | les: Televisio             | g cell phones, cameras,                                     |                 |  | mputers, printers, scanners;    | music colle  | ctions; electronic devices    |
|    |                        |                            | television, cell<br>Location: 116                           |                 | omputer<br>load, New Albany IN               | 47150                           |              | \$800.00                      |
| 8. | Examp                  |                            | s and figurines; paintings<br>llections, memorabilia, c     |                 | ther artwork; books, pictu                   | res, or other art objects; star | np, coin, or | baseball card collections;    |
| 9. | Equipm<br>Examp        | nent for spo               | rts and hobbies<br>chotographic, exercise, a<br>instruments | and other ho    | bby equipment; bicycles,                     | pool tables, golf clubs, skis;  | canoes and   | kayaks; carpentry tools;      |
| 10 | □ No                   |                            | rifles, shotguns, ammu                                      | nition, and re  | elated equipment                             |                                 |              |                               |
|    |                        |                            |   |                 | /I handgun, Taurus Si<br>Load, New Albany IN |                                 |              | \$500.00                      |
| 11 | □ No                   |                            | •   | coats, desig    | ner wear, shoes, accesso                     | ries                            |              |                               |
|    |                        |                            | Used clothing Location: 116                                 | Glenmill R      | load, New Albany IN                          | 47150                           |              | \$300.00                      |
| 12 | □ No                   |                            |   | elry, engage    | ment rings, wedding rings                    | s, heirloom jewelry, watches,   | gems, gold   | , silver                      |
|    |                        |                            | Costume jewe Location: 116                                  |                 | load, New Albany IN                          | 47150                           |              | \$50.00                       |
| 13 | Exam <sub>i</sub> ■ No | arm animals uples: Dogs, o | cats, birds, horses   |                 |  |                                 |              |                               |

Official Form 106A/B Schedule A/B: Property page 3

|     | btor 1<br>btor 2   | Kevin L Sum<br>Judy C Sum   |  |  | Case number (if known)   |  |
|-----|--|---|--|--|--|--|
| 14. | Any otl  | her personal an   | d household items you did  | I not already list, including any hea  | ulth aids you did not list   |  |
|     | ■ No   | -   |  |  | •  |  |
|     | ☐ Yes.   | Give specific info  | ormation   |  |  |  |
| 15  | ۸ طط <del>۱</del>  | he dollar value   | of all of your entries from l  | Part 3, including any entries for pag  | ges you have attached  |  |
| 13  |  |   |  |  | jes you have attached  | \$2,650.00   |
|     |  |   |  |  |  |  |
|     |  | scribe Your Finan   |  |  |  |  |
| Do  | you ow   | n or have any l   | egal or equitable interest in  | n any of the following?  |  | Current value of the portion you own?  Do not deduct secured claims or exemptions. |
|     |  |   |  |  |  | ciains of exemptions.  |
|     | □ No   |   | have in your wallet, in your h   | nome, in a safe deposit box, and on ha   | and when you file your petition  |  |
|     |  |   |  |  | Cash   |  |
|     |  |   |  |  | Location: 116<br>Glenmill  |  |
|     |  |   |  |  | Road, New  |  |
|     |  |   |  |  | Albany IN<br>47150   | \$50.00  |
|     | Yes  |   |  | Institution name:  |  |  |
|     |  |   | 17.1. Checking   | One Vision   |  | \$100.00   |
| 10  | Ronds  | mutual funds  | or publicly traded stocks  |  |  |  |
| 10. |  |   |  | rokerage firms, money market accoun  | -1-  |  |
|     | ■ No   |   |  |  | าเร  |  |
|     | ☐ Yes  |   | Institution or issue   | r nama:  | nts  |  |
|     |  |   | Institution or issuer  | r name:  | าเร  |  |
| 19. | Non-pu<br>joint v  | ıblicly traded st   |  | r name:<br>porated and unincorporated busine   |  | n an LLC, partnership, and   |
|     | joint vo<br>■ No   | ublicly traded st<br>enture   | ock and interests in incorp  | porated and unincorporated busine  |  | n an LLC, partnership, and   |
|     | joint vo<br>■ No   | ublicly traded st<br>enture   |  | porated and unincorporated busine  |  | n an LLC, partnership, and   |
|     | joint vo<br>■ No<br>□ Yes.   | ublicly traded st<br>enture<br>Give specific inf  | ock and interests in incorportation about them Name of entity:   | oorated and unincorporated busine  | esses, including an interest in % of ownership:                                    | n an LLC, partnership, and   |
|     | joint vo ■ No □ Yes.  Govern Negotio                               | ublicly traded stenture  Give specific informent and corporable instruments   | ock and interests in incorporation about them Name of entity: orate bonds and other negriculate personal checks, ca  | norated and unincorporated busine potiable and non-negotiable instrumtionshiers' checks, promissory notes, and   | esses, including an interest in % of ownership: nents d money orders.              | n an LLC, partnership, and   |
| 20. | joint vo ■ No □ Yes.  Govern Negotio                               | ublicly traded stenture  Give specific informent and corporable instruments   | ock and interests in incorporation about them Name of entity: orate bonds and other negriculate personal checks, ca  | oorated and unincorporated busine  | esses, including an interest in % of ownership: nents d money orders.              | n an LLC, partnership, and   |
| 20. | joint vo  ■ No □ Yes.  Govern Negotic Non-ne                       | ublicly traded stenture  Give specific informent and corporable instruments egotiable instrum   | ock and interests in incorporation about them Name of entity:  orate bonds and other negonal checks, can bents are those you cannot true the ormation about them                 | norated and unincorporated busine potiable and non-negotiable instrumtionshiers' checks, promissory notes, and   | esses, including an interest in % of ownership: nents d money orders.              | n an LLC, partnership, and   |
| 20. | joint vo  ■ No □ Yes.  Govern Negotic Non-ne                       | ublicly traded stenture  Give specific informent and corporable instruments egotiable instrum   | ock and interests in incorporation about them Name of entity:  orate bonds and other negrinclude personal checks, canents are those you cannot tree.                             | norated and unincorporated busine potiable and non-negotiable instrumtionshiers' checks, promissory notes, and   | esses, including an interest in % of ownership: nents d money orders.              | n an LLC, partnership, and   |
| 20. | joint vo  No  Yes.  Govern Negotit Non-ne  No  Yes.  Retiren Examp | ublicly traded stenture  Give specific informent and corporable instruments egotiable instrum  Give specific informent or pension                           | ock and interests in incorpormation about them Name of entity: orate bonds and other negriculate personal checks, canents are those you cannot tromation about them Issuer name: | norated and unincorporated busine potiable and non-negotiable instrumtionshiers' checks, promissory notes, and   | esses, including an interest in % of ownership: nents d money orders. vering them. |  |
| 20. | joint vo  No  Yes.  Govern Negotit Non-ne No  Yes.  Retiren Examp  | ublicly traded stenture  Give specific informent and corporable instruments egotiable instrum  Give specific informent or pension                           | ormation about them  | norated and unincorporated busine  Notiable and non-negotiable instrumtion in the shiers' checks, promissory notes, and cansfer to someone by signing or deliverant to some one significant to some significant to         | esses, including an interest in % of ownership: nents d money orders. vering them. |  |
| 20. | joint vo  No  Yes.  Govern Negotit Non-ne No  Yes.  Retiren Examp  | Give specific information and corporable instruments egotiable instruments egotiable instruments. Give specific information of pension bles: Interests in I | ormation about them  | norated and unincorporated busine  Notiable and non-negotiable instrumtion in the shiers' checks, promissory notes, and cansfer to someone by signing or deliverant to some one significant to some significant to         | esses, including an interest in % of ownership: nents d money orders. vering them. |  |
| 20. | joint vo  No  Yes.  Govern Negotit Non-ne No  Yes.  Retiren Examp  | Give specific information and corporable instruments egotiable instruments egotiable instruments. Give specific information of pension bles: Interests in I | ormation about them  | notiable and non-negotiable instrumtishiers' checks, promissory notes, and transfer to someone by signing or deliverable to some significant si | % of ownership:  ments d money orders. vering them.                                |  |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 19 of 57

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 20 of 57 Debtor 1 Kevin L Summers Debtor 2 **Judy C Summers** Case number (if known) 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others Institution name or individual: ☐ Yes. ..... 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes..... 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit ■ No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses ■ No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you No ☐ Yes. Give specific information about them, including whether you already filed the returns and the tax years...... 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance □ No Yes. Name the insurance company of each policy and list its value. Beneficiary: Surrender or refund Company name: value:

Official Form 106A/B Schedule A/B: Property page 5

**Spouse** 

Life insurance through employer, death

benefit only

\$0.00

| C                    | ase 18-91173-AKM-13  | Doc 1            | Filed 08/08/18               | EOD 08/08/18 17:08:3                      | 7 Pg 21 of 57         |
|----------------------|--|------------------|------------------------------|---|-----------------------|
| Debtor 1<br>Debtor 2 | Kevin L Summers<br>Judy C Summers  |                  |                              | Case number (if known)                    | 0,00,10 0.001         |
| If you somed         | are the beneficiary of a living trust<br>one has died.  Give specific information            |                  |                              | policy, or are currently entitled to rece | eive property because |
| Exam<br>■ No         | s against third parties, whether ples: Accidents, employment dispute the Describe each claim |                  |                              | e a demand for payment                    |                       |
| ■ No                 | contingent and unliquidated cla  | ims of every I   | nature, including counte     | erclaims of the debtor and rights to      | set off claims        |
| ■ No                 | nancial assets you did not alrea Give specific information                                   | dy list          |                              |   |                       |
|                      | the dollar value of all of your en<br>art 4. Write that number here                          |                  |                              |   | \$3,150.00            |
| Part 5: De           | escribe Any Business-Related Prope   | rty You Own or   | Have an Interest In. List an | y real estate in Part 1.                  |                       |
| No. G                | own or have any legal or equitable i<br>o to Part 6.<br>Go to line 38.                       | nterest in any b | usiness-related property?    |   |                       |
|                      | escribe Any Farm- and Commercial F<br>you own or have an interest in farmland                |                  | Property You Own or Have     | an Interest In.                           |                       |
| ■ No.                | u own or have any legal or equit<br>. Go to Part 7.<br>s. Go to line 47.                     | able interest    | in any farm- or commerc      | cial fishing-related property?            |                       |
| Part 7:              | Describe All Property You Own o  | · Have an Intere | est in That You Did Not List | Above                                     |                       |
|                      | u have other property of any kin ples: Season tickets, country club                          |                  | already list?                |   |                       |

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

## Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 22 of 57

**Kevin L Summers** Debtor 1 **Judy C Summers** Debtor 2 Case number (if known) Part 8: List the Totals of Each Part of this Form Part 1: Total real estate, line 2 \$121,200.00 Part 2: Total vehicles, line 5 56. \$10,976.00 Part 3: Total personal and household items, line 15 \$2,650.00 57. Part 4: Total financial assets, line 36 58. \$3,150.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Total personal property. Add lines 56 through 61... Copy personal property total \$16,776.00 \$16,776.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$137,976.00

Official Form 106A/B Schedule A/B: Property page 7

| Casc                   | 10 JIII JAKW             | 10 DOCT THE       | 0 00/00/10 202 00/00/10 1 | 8/08/18 5:05PM                       |
|------------------------|--------------------------|-------------------|---------------------------|--------------------------------------|
| Fill in this infor     | mation to identify your  | case:             |                           |                                      |
| Debtor 1               | Kevin L Summer           | s                 |                           |                                      |
|                        | First Name               | Middle Name       | Last Name                 |                                      |
| Debtor 2               | Judy C Summers           | 3                 |                           |                                      |
| (Spouse if, filing)    | First Name               | Middle Name       | Last Name                 |                                      |
| United States Ba       | ankruptcy Court for the: | SOUTHERN DISTRICT | OF INDIANA                |                                      |
| Case number (if known) |                          |                   |                           | ☐ Check if this is an amended filing |
|                        | orm 106C                 |                   |                           |                                      |
| Schedul                | le C: The Pr             | operty You C      | Claim as Exempt           | 4/16                                 |
|                        |                          | _ <del>-</del>    |                           |                                      |

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Pa | rt 1: Identify the Property You Claim as E  | xempt  |         |   |                                    |  |  |  |
|----|---|--|---------|---|------------------------------------|--|--|--|
| 1. | Which set of exemptions are you claiming  | ? Check one only, eve  | n if yo | ur spouse is filing with you.                                   |                                    |  |  |  |
|    | ■ You are claiming state and federal nonban   | kruptcy exemptions.  | 11 U.S  | S.C. § 522(b)(3)  |                                    |  |  |  |
|    | ☐ You are claiming federal exemptions. 11   | J.S.C. § 522(b)(2)   |         |   |                                    |  |  |  |
| 2. | For any property you list on Schedule A/B that you claim as exempt, fill in the information below.  |  |         |   |                                    |  |  |  |
|    | Brief description of the property and line on<br>Schedule A/B that lists this property  | Current value of the Amount of the exemption you claim portion you own |         |   | Specific laws that allow exemption |  |  |  |
|    |   | Copy the value from<br>Schedule A/B                                    | Che     | ck only one box for each exemption.                             |                                    |  |  |  |
|    | 2001 Ford Escape 150,000 miles<br>Location: 116 Glenmill Road, New  | \$2,088.00   |         | \$2,088.00  | Ind. Code § 34-55-10-2(c)(2)       |  |  |  |
|    | Albany IN 47150 The value has been estimated by the N.A.D.A Bluebook. The subject vehicle is owned free and clear of any liens. Line from <i>Schedule A/B</i> : 3.3 |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | Used furniture  | \$1,000.00   |         | \$1,000.00  | Ind. Code § 34-55-10-2(c)(2)       |  |  |  |
|    | Location: 116 Glenmill Road, New Albany IN 47150 Line from Schedule A/B: 6.1  |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | television, cell phone, computer<br>Location: 116 Glenmill Road, New  | \$800.00   |         | \$800.00  | Ind. Code § 34-55-10-2(c)(2)       |  |  |  |
|    | Albany IN 47150 Line from Schedule A/B: 7.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |
|    | (2) Smith & Wesson 9MM handgun,<br>Taurus Slim 9MM handgun  | \$500.00   |         | \$500.00  | Ind. Code § 34-55-10-2(c)(2)       |  |  |  |
|    | Location: 116 Glenmill Road, New Albany IN 47150 Line from Schedule A/B: 10.1   |  |         | 100% of fair market value, up to any applicable statutory limit |                                    |  |  |  |

Official Form 106C

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 24 of 57

| Debtor<br>Debtor |  |  | Case number (if known) |  |                                    |  |  |
|------------------|--|--|------------------------|--|------------------------------------|--|--|
|                  | ief description of the property and line on hedule A/B that lists this property  | Current value of the portion you own  Copy the value from Schedule A/B |                        | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |  |  |
|                  | sed clothing<br>ocation: 116 Glenmill Road, New  | \$300.00   | •                      | \$300.00   | Ind. Code § 34-55-10-2(c)(2)       |  |  |
| ΑI               | bany IN 47150<br>ne from Schedule A/B: 11.1  |  |                        | 100% of fair market value, up to any applicable statutory limit      |                                    |  |  |
|                  | ostume jewelry<br>ocation: 116 Glenmill Road, New  | \$50.00  |                        | \$50.00  | Ind. Code § 34-55-10-2(c)(2)       |  |  |
| ΑI               | bany IN 47150<br>ne from Schedule A/B: 12.1  |  |                        | 100% of fair market value, up to any applicable statutory limit      |                                    |  |  |
|                  | ash<br>ocation: 116 Glenmill Road, New   | \$50.00  |                        | \$50.00  | Ind. Code § 34-55-10-2(c)(3)       |  |  |
| ΑI               | Albany IN 47150<br>Line from Schedule A/B: 16.1  |  |                        | 100% of fair market value, up to any applicable statutory limit      |                                    |  |  |
|                  | necking: One Vision  | \$100.00   |                        | \$100.00   | Ind. Code § 34-55-10-2(c)(3)       |  |  |
| LII              | ic from Generalic AVB. TTT   |  |                        | 100% of fair market value, up to any applicable statutory limit      |                                    |  |  |
|                  | 11K: Retirement account through  | \$3,000.00   |                        | \$3,000.00   | Ind. Code § 34-55-10-2(c)(6)       |  |  |
|                  | ne from Schedule A/B: 21.1   |  |                        | 100% of fair market value, up to any applicable statutory limit      |                                    |  |  |
|                  | e you claiming a homestead exemption ubject to adjustment on 4/01/19 and every No  Yes. Did you acquire the property cover  No Yes | 3 years after that for ca  | ises fi                | •  | ,                                  |  |  |

| • | $\sim$ . |        |
|---|----------|--------|
|   | 8/08/18  | E.OED! |
|   |          |        |

| Fill in this informa                   | ation to identify you     | r case:  |                               |  |                                   |
|--|---------------------------|--|-------------------------------|--|-----------------------------------|
| Debtor 1                               | Kevin L Summe             |  |                               |  |                                   |
| Debtor 2                               | First Name  Judy C Summer | Middle Name Last Na  | nme                           |  |                                   |
| (Spouse if, filing)                    | First Name                | Middle Name Last Na  | me                            | -  |                                   |
| United States Bank                     | kruptcy Court for the:    | SOUTHERN DISTRICT OF INDIANA   |                               | _  |                                   |
| Case number(if known)                  |                           |  |                               | _  | if this is an<br>ded filing       |
| Official Form                          | 106D                      |  |                               |  |                                   |
| -                                      |                           | Who Have Claims Secu   | red by Propert                | v  | 12/15                             |
| Be as complete and                     | accurate as possible. I   | f two married people are filing together, both<br>out, number the entries, and attach it to this fo  | are equally responsible for s | upplying correct informa                               |                                   |
| ` ,                                    | nave claims secured by    | your property?   |                               |  |                                   |
| ☐ No. Check t                          | this box and submit th    | nis form to the court with your other schedul  | les. You have nothing else    | to report on this form.                                |                                   |
| Yes. Fill in a                         | all of the information b  | pelow.   |                               |  |                                   |
| Part 1: List All                       | Secured Claims            |  |                               | 0.1  | 0.1.                              |
| for each claim. If mo                  | re than one creditor has  | nore than one secured claim, list the creditor sepa<br>a particular claim, list the other creditors in Part 2<br>cal order according to the creditor's name.   |                               | Column B  Value of collateral that supports this claim | Column C Unsecured portion If any |
| 2.1 <b>Dixie Finar</b> Creditor's Name | nce Company               | Describe the property that secures the claim   |                               | \$4,550.00   | \$2,950.00                        |
|  |                           | 2012 Ford Focus 140,000.00 miles<br>Location: 116 Glenmill Road, New<br>Albany IN 47150<br>The value has been estimated by<br>the N.A.D.A Bluebook<br>The subject vehicle was purchased<br>683 days as of 8/7/2018 | d                             |  |                                   |
| 2119 Dixie<br>Louisville,              | •                         | As of the date you file, the claim is: Check all tapply.  Contingent   | that                          |  |                                   |
|  | City, State & Zip Code    | ☐ Unliquidated ☐ Disputed  |                               |  |                                   |
| Who owes the deb                       | ot? Check one.            | Nature of lien. Check all that apply.  |                               |  |                                   |
| ☐ Debtor 1 only ☐ Debtor 2 only        |                           | An agreement you made (such as mortgage<br>car loan)   | e or secured                  |  |                                   |
| ■ Debtor 1 and Deb                     | otor 2 only               | ☐ Statutory lien (such as tax lien, mechanic's li  | ien)                          |  |                                   |
| _                                      | e debtors and another     | Judgment lien from a lawsuit   | !a.a                          |  |                                   |
| Check if this claim community deb      |                           | Other (including a right to offset)  | ien                           |  |                                   |
| Date debt was incur                    | rred 09/23/2016           |  | Summers,<br>Kevin & Judy      |  |                                   |
| 2.2 Freedom N                          | ltg                       | Describe the property that secures the claim   | n: \$134,193.00               | \$121,200.00   | \$12,993.00                       |
| Creditor's Name                        |                           | 116 Glen Mill Road New Albany, IN<br>47150 Floyd County<br>3 bedroom, 1 bath brick home on I<br>The Debtors propose to surrender<br>the subject residence.   | ot                            |  |                                   |
| 10500 Kind                             |                           | As of the date you file, the claim is: Check all tapply.   | urai                          |  |                                   |
| Fishers, IN  Number, Street, 0         | City, State & Zip Code    | ☐ Contingent ☐ Unliquidated  |                               |  |                                   |
| . id.i.boi, Giroot, C                  | ,, <u> </u>               | ☐ Disputed   |                               |  |                                   |
| Who owes the deb                       | ot? Check one.            | Nature of lien. Check all that apply.  |                               |  |                                   |
| ☐ Debtor 1 only☐ Debtor 2 only         |                           | An agreement you made (such as mortgage car loan)  | e or secured                  |  |                                   |
| Official Form 106D                     |                           | Schedule D: Creditors Who Have Claims  | s Secured by Property         |  | page 1 of 2                       |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 26 of 57

| Debt  | or 1 Kevin L S  | ummers<br>Middle N                          | ame Last Name  | Case number (if know) |                                |    |  |  |
|---|---|---|--|-----------------------|--------------------------------|----|--|--|
| Debt  | or 2 Judy C Su  |   | and East Name  |                       |                                |    |  |  |
|   | First Name  | Middle N                                    | ame Last Name  | _                     |                                |    |  |  |
| <b>■</b> D  | ebtor 1 and Debtor 2  | 2 only                                      | ☐ Statutory lien (such as tax lien, me                               | echanic's lien)       |                                |    |  |  |
| ☐ Af  | least one of the deb  | otors and another                           | ☐ Judgment lien from a lawsuit                                       |                       |                                |    |  |  |
|   | heck if this claim re<br>community debt                     | elates to a                                 | Other (including a right to offset)                                  | Principal             | Residence-First Mortgage       |    |  |  |
| Date  | debt was incurred   | Opened<br>9/22/17<br>Last Active<br>6/01/18 | Last 4 digits of account num   | ober 3452             |                                |    |  |  |
| Date  | debt was incurred   | 0/01/10                                     | - Last 4 digits of account fluin                                     |                       |                                |    |  |  |
| 2.3   | Santander   |   | Describe the property that secures                                   | the claim:            | \$7,069.00 \$4,338.00 \$2,731. | 00 |  |  |
|   | Creditor's Name   |   | 2008 Kia Optima 95,000.00 i  | miles                 |                                |    |  |  |
|   |   |   | Location: 116 Glenmill Road  |                       |                                |    |  |  |
|   |   |   | Albany IN 47150  |                       |                                |    |  |  |
|   |   |   | The value has been estimated by the N.A.D.A Bluebook                 |                       |                                |    |  |  |
|   |   |   |  |                       |                                |    |  |  |
|   |   |   | The Debtors propose to sur   | render                |                                |    |  |  |
|   |   |   | the subject vehicle As of the date you file, the claim is:           | Chock all that        |                                |    |  |  |
|   | Po Box 96124  | _   | apply.   | Crieck all triat      |                                |    |  |  |
|   | Ft Worth, TX 7  | <b>′6161</b>                                | ☐ Contingent   |                       |                                |    |  |  |
|   | Number, Street, City, S                                     | State & Zip Code                            | ☐ Unliquidated   |                       |                                |    |  |  |
|   |   |   | ☐ Disputed   |                       |                                |    |  |  |
| Who   | owes the debt?  | Check one.                                  | Nature of lien. Check all that apply.                                |                       |                                |    |  |  |
|   | ebtor 1 only<br>ebtor 2 only                                |   | An agreement you made (such as mortgage or secured<br>car loan)      |                       |                                |    |  |  |
| ■ D   | ebtor 1 and Debtor 2  | 2 only                                      | ☐ Statutory lien (such as tax lien, mechanic's lien)                 |                       |                                |    |  |  |
| ☐ Af  |   |   | ☐ Judgment lien from a lawsuit                                       |                       |                                |    |  |  |
| ☐ Check if this claim relates to a community debt |   | otors and another                           | ☐ Judgment lien from a lawsuit                                       |                       |                                |    |  |  |
|   |   |   | ☐ Judgment lien from a lawsuit ☐ Other (including a right to offset) | First lien            |                                |    |  |  |
| c   | heck if this claim re                                       |   | ■ Other (including a right to offset)                                | 4000                  |                                |    |  |  |
| c   | heck if this claim re<br>community debt                     | Opened<br>5/13/12<br>Last Active            | •  | 4000                  | <u></u>                        |    |  |  |
| c   | heck if this claim re<br>community debt                     | Opened<br>5/13/12<br>Last Active            | ■ Other (including a right to offset)                                | 4000                  |                                |    |  |  |
| Date  | heck if this claim re<br>ommunity debt<br>debt was incurred | Opened<br>5/13/12<br>Last Active<br>6/27/18 | ■ Other (including a right to offset)                                | nber 1000             | \$148,762.00                   |    |  |  |

#### Part 2: List Others to Be Notified for a Debt That You Already Listed

Use this page only if you have others to be notified about your bankruptcy for a debt that you already listed in Part 1. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the creditor in Part 1, and then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Part 1, list the additional creditors here. If you do not have additional persons to be notified for any debts in Part 1, do not fill out or submit this page.

| Ŭ   | , asc 10 011  | 27074KW 1  |   | 0 1 11100 00/00   | ,, ±0               | LOD           | 00/             | 30/10 17.                         | 00.01                      | . 9 -                   | 8/08                         | 8/18 5:05PM   |
|---|---|--|---|---|---------------------|---------------|-----------------|-----------------------------------|----------------------------|-------------------------|------------------------------|---------------|
| Fill in this  | s information to  | identify your ca   | ase:                                    |   |                     |               |                 |                                   |                            |                         |                              |               |
| Debtor 1  | Kevir   | L Summers  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
| DODIO! !  | First Na  |  | Middl                                   | e Name La   | ast Name            | )             |                 |                                   |                            |                         |                              |               |
| Debtor 2  | Judy  | C Summers  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
| (Spouse if, fili  | ing) First Na   | me   | Middl                                   | e Name La   | ast Name            | )             |                 |                                   |                            |                         |                              |               |
| United Sta  | ates Bankruptcy   | Court for the:   | SOUTHE                                  | RN DISTRICT OF INDIA  | NA                  |               |                 |                                   |                            |                         |                              |               |
| Case num  | her   |  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
| (if known)  |   |  |   |   |                     |               |                 |                                   |                            |                         | if this is ar<br>led filing  | n             |
| Official  | Form 106E   | :/F  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
|   |   |  | no Hav                                  | e Unsecured Cl  | laim                | S             |                 |                                   |                            |                         | 12/1                         | 5             |
| Schedule G<br>Schedule D<br>left. Attach t<br>name and c        | : Executory Contr<br>: Creditors Who H<br>the Continuation<br>ase number (if kn | acts and Unexpir<br>lave Claims Secu<br>Page to this page<br>own). | ed Leases<br>red by Pro<br>. If you hav | esult in a claim. Also list e (Official Form 106G). Do no perty. If more space is need to no information to report                    | ot inclu<br>ded, co | de any cred   | ditors<br>you n | with partially seed, fill it out, | secured clai<br>number the | ms that a<br>entries ii | are listed in<br>n the boxes | n<br>s on the |
|   | List All of Your  |  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
| _ ′   | creditors have p  | riority unsecured  | claims aga                              | ainst you?  |                     |               |                 |                                   |                            |                         |                              |               |
|   | Go to Part 2.   |  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
| Yes   | S.  |  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
| identify<br>possible  | what type of claim<br>e, list the claims in                                     | it is. If a claim has alphabetical order                           | both priorit                            | r has more than one priority or<br>by and nonpriority amounts, list<br>to the creditor's name. If you<br>to the other creditors in Pa | st that o           | laim here ar  | nd sho          | w both priority a                 | and nonpriori              | ty amount               | ts. As much                  | as            |
| (For an   | explanation of eac  | ch type of claim, se   | e the instru                            | ctions for this form in the inst  | truction            | booklet.)     | Tota            | l claim                           | Priority<br>amount         |                         | Nonpriori<br>amount          | ity           |
| 2.1 <b>In</b>   | iternal Revenu  | ıe Service   |   | Last 4 digits of account n  | umber               | mers,03<br>70 |                 | \$2,580.00                        |                            | 580.00                  |                              | \$0.00        |
|   | iority Creditor's Nar<br>O Central Insc   |  |   | When was the debt incurr  | red?                | Decemb        | er 3            | 1, 2016                           |                            |                         |                              |               |
|   | O. Box 7346   |  |   |   |                     |               |                 |                                   | _                          |                         |                              |               |
|   | <b>hiladelphia, P</b><br>umber Street City S                                    |  |   | As of the date you file, the  | e claim             | is: Check al  | ll that         | annly                             |                            |                         |                              |               |
|   | incurred the debt   | •  |   | ☐ Contingent  | Claiiii             | is. Oncor a   | ii tiiat        | арріу                             |                            |                         |                              |               |
| □ De  | Debter Leeby  |  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
|   | D o vi e  |  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
|   |   |  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
| ■ Debtor 1 and Debtor 2 only  Type of PRIORITY unsecured claim: |   |  |   |   |                     |               |                 |                                   |                            |                         |                              |               |
|   | least one of the de   |  |   | ☐ Domestic support obliga   |                     |               |                 |                                   |                            |                         |                              |               |
|   | heck if this claim i  |  | ty debt                                 | Taxes and certain other   |                     |               |                 |                                   |                            |                         |                              |               |
|   | claim subject to  | offset?  |   | ☐ Claims for death or pers  | sonal inj           | ury while you | u were          | intoxicated                       |                            |                         |                              |               |
| ■ No  |   |  |   | Other. Specify  |                     |               |                 |                                   |                            |                         |                              |               |
| ☐ Ye  | es  |  |   | 2016  | Incon               | ne Tax        |                 |                                   |                            |                         |                              |               |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 28 of 57 Debtor 1 Kevin L Summers Debtor 2 Judy C Summers Case number (if know) mers,03 \$2,472.00 \$2,472.00 \$0.00 2.2 **Internal Revenue Service** Last 4 digits of account number Priority Creditor's Name December 31, 2017 c/o Central Insolvency When was the debt incurred? P.O. Box 7346 Philadelphia, PA 19101-7346 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only ☐ Disputed Type of PRIORITY unsecured claim: ■ Debtor 1 and Debtor 2 only ☐ Domestic support obligations ☐ At least one of the debtors and another Taxes and certain other debts you owe the government ☐ Check if this claim is for a community debt Is the claim subject to offset? ☐ Claims for death or personal injury while you were intoxicated ■ No ☐ Other. Specify ☐ Yes 2017 Income Tax Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.lf you have more than three nonpriority unsecured claims fill out the Continuation Page of **Total claim** 4.1 Capital One Last 4 digits of account number 9853 \$233.00 Nonpriority Creditor's Name Opened 4/03/18 Last Active 15000 Capital One Dr When was the debt incurred? 6/22/18 Richmond, VA 23238 Number Street City State ZIp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated ■ Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another

☐ Student loans

report as priority claims

■ Other. Specify Credit Card

☐ Obligations arising out of a separation agreement or divorce that you did not

☐ Debts to pension or profit-sharing plans, and other similar debts

☐ Check if this claim is for a community

Is the claim subject to offset?

■ No

☐ Yes

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 29 of 57

| Debto<br>Debto | or 1 Kevin L Summers or 2 Judy C Summers                     |   | Case number (if know)                        |          |  |  |  |  |
|----------------|--|---|--|----------|--|--|--|--|
| 4.2            | Cbs Col Padu   | Last 4 digits of account number                                   | 2790   | \$106.00 |  |  |  |  |
|                | Nonpriority Creditor's Name 100 Fulton Ct. Paducah, KY 42001 | When was the debt incurred?                                       | Opened 12/01/17                              |          |  |  |  |  |
|                | Number Street City State Zlp Code                            | As of the date you file, the claim i                              | s: Check all that apply                      |          |  |  |  |  |
|                | Who incurred the debt? Check one.                            |   |  |          |  |  |  |  |
|                | ■ Debtor 1 only  | ☐ Contingent  |  |          |  |  |  |  |
|                | ☐ Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |  |  |
|                | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed  |  |          |  |  |  |  |
|                | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                     | d claim:                                     |          |  |  |  |  |
|                | ☐ Check if this claim is for a community                     | ☐ Student loans   |  |          |  |  |  |  |
|                | debt Is the claim subject to offset?                         | Obligations arising out of a separeport as priority claims        | ration agreement or divorce that you did not |          |  |  |  |  |
|                | ■ No   | Debts to pension or profit-sharing                                | g plans, and other similar debts             |          |  |  |  |  |
|                | Yes  | Other. Specify Baptist Hea  | alth Floyd Mc                                |          |  |  |  |  |
| 4.3            | Credit Coll  | Last 4 digits of account number                                   | 7823   | \$108.00 |  |  |  |  |
|                | Nonpriority Creditor's Name 725 Canton St                    | When was the debt incurred?                                       | Opened 11/11/17                              |          |  |  |  |  |
|                | Norwood, MA 02062  Number Street City State Zlp Code         | As of the data you file, the claim                                | St. Charle all that apply                    |          |  |  |  |  |
|                | Who incurred the debt? Check one.                            | As of the date you file, the claim                                | <b>s.</b> Спеск ан тлат арргу                |          |  |  |  |  |
|                | Debtor 1 only  | ☐ Contingent  |  |          |  |  |  |  |
|                | ■ Debtor 2 only  | ☐ Unliquidated  |  |          |  |  |  |  |
|                | ☐ Debtor 1 and Debtor 2 only                                 | ☐ Disputed  |  |          |  |  |  |  |
|                | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                     |  |          |  |  |  |  |
|                | ☐ Check if this claim is for a community                     | ☐ Student loans   |  |          |  |  |  |  |
|                | debt Is the claim subject to offset?                         | Obligations arising out of a separeport as priority claims        |  |          |  |  |  |  |
|                | ■ No   | Debts to pension or profit-sharing                                | g plans, and other similar debts             |          |  |  |  |  |
|                | Yes  | Other. Specify 06 Progres   |  |          |  |  |  |  |
| 4.4            | Creditonebnk   | Last 4 digits of account number                                   | 7936   | \$375.00 |  |  |  |  |
|                | Nonpriority Creditor's Name                                  | _   |  |          |  |  |  |  |
|                | Po Box 98872<br>Las Vegas, NV 89193                          | When was the debt incurred?                                       | Opened 4/02/18 Last Active 6/26/18           |          |  |  |  |  |
|                | Number Street City State Zlp Code                            | As of the date you file, the claim i                              | s: Check all that apply                      |          |  |  |  |  |
|                | Who incurred the debt? Check one.                            |   |  |          |  |  |  |  |
|                | ■ Debtor 1 only  | ☐ Contingent ☐ Unliquidated ☐ Disputed                            |  |          |  |  |  |  |
|                | ☐ Debtor 2 only  |   |  |          |  |  |  |  |
|                | ☐ Debtor 1 and Debtor 2 only                                 |   |  |          |  |  |  |  |
|                | ☐ At least one of the debtors and another                    | Type of NONPRIORITY unsecured                                     |  |          |  |  |  |  |
|                | $\square$ Check if this claim is for a community             | ☐ Student loans   |  |          |  |  |  |  |
|                | debt Is the claim subject to offset?                         | ☐ Obligations arising out of a separeport as priority claims      |  |          |  |  |  |  |
|                | ■ No   | Debts to pension or profit-sharing plans, and other similar debts |  |          |  |  |  |  |
|                | ☐ Yes  | Other. Specify Credit Card  | <u> </u>                                     |          |  |  |  |  |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 30 of 57

| Debtor<br>Debtor | 1 Kevin L Summers<br>2 Judy C Summers                                     |  | Case number (if know)                        |            |  |  |  |
|------------------|---|--|--|------------|--|--|--|
| 4.5              | Erc   | Last 4 digits of account number  | 8588   | \$418.00   |  |  |  |
|                  | Nonpriority Creditor's Name<br>8014 Bayberry Rd<br>Jacksonville, FL 32256 | When was the debt incurred?  | Opened 2/24/15                               |            |  |  |  |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim   | s: Check all that apply                      |            |  |  |  |
|                  | ■ Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |  |
|                  | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured  | d claim:                                     |            |  |  |  |
|                  | ☐ Check if this claim is for a community                                  | ☐ Student loans  |  |            |  |  |  |
|                  | debt Is the claim subject to offset?                                      | Obligations arising out of a separeport as priority claims   | ration agreement or divorce that you did not |            |  |  |  |
|                  | ■ No  | Debts to pension or profit-sharing   | g plans, and other similar debts             |            |  |  |  |
|                  | Yes   | Other. Specify 11 Sprint   |  |            |  |  |  |
| 4.6              | Fst Premier   | Last 4 digits of account number  | 3724   | \$1,046.00 |  |  |  |
|                  | Nonpriority Creditor's Name 601 S Minnesota Ave Sioux Falls, SD 57104     | When was the debt incurred?  | Opened 10/09/13 Last Active 6/03/14          |            |  |  |  |
|                  | Number Street City State Zlp Code  Who incurred the debt? Check one.      | As of the date you file, the claim   |  |            |  |  |  |
|                  | Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |
|                  | ■ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |
|                  | Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |  |
|                  | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured  |  |            |  |  |  |
|                  | ☐ Check if this claim is for a community                                  | ☐ Student loans  |  |            |  |  |  |
|                  | debt  | ☐ Obligations arising out of a sepa  |  |            |  |  |  |
|                  | Is the claim subject to offset?   | report as priority claims  |  |            |  |  |  |
|                  | No  | Debts to pension or profit-sharing   |  |            |  |  |  |
|                  | ☐ Yes   | Other. Specify Credit Card   | <u> </u>                                     |            |  |  |  |
| 4.7              | Fst Premier Nonpriority Creditor's Name                                   | Last 4 digits of account number  | 0568   | \$335.00   |  |  |  |
|                  | 601 S Minnesota Ave<br>Sioux Falls, SD 57104                              | When was the debt incurred?  | Opened 11/26/17 Last Active 6/22/18          |            |  |  |  |
|                  | Number Street City State ZIp Code   | As of the date you file, the claim i   | s: Check all that apply                      |            |  |  |  |
|                  | Who incurred the debt? Check one.   |  |  |            |  |  |  |
|                  | Debtor 1 only   | ☐ Contingent   |  |            |  |  |  |
|                  | ☐ Debtor 2 only   | ☐ Unliquidated   |  |            |  |  |  |
|                  | ☐ Debtor 1 and Debtor 2 only  | ☐ Disputed   |  |            |  |  |  |
|                  | ☐ At least one of the debtors and another                                 | Type of NONPRIORITY unsecured  |  |            |  |  |  |
|                  | ☐ Check if this claim is for a community                                  | Student loans  |  |            |  |  |  |
|                  | debt Is the claim subject to offset?                                      | Dobligations arising out of a separation agreement or divorce that you did not report as priority claims |  |            |  |  |  |
|                  | No  | <u>-</u> ' ' '   | a plans, and other similar debts             |            |  |  |  |
|                  |   | Debts to pension or profit-sharing plans, and other similar debts  |  |            |  |  |  |
|                  | Yes   | ■ Other. Specify Credit Card   |  |            |  |  |  |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 31 of 57

| One and Asserting  | Local All Politics of  | 4007  | #C 005 00  |
|--|--|---|------------|
| General Acceptance Nonpriority Creditor's Name   | Last 4 digits of account number  |   | \$6,035.00 |
| c/o Chandra Harris<br>2241 State St  | When was the debt incurred?  | 08/23/2007                                    |            |
| New Albany, IN 47150  Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim   |   |            |
| Debtor 1 only  | Пол  |   |            |
| Debtor 2 only  | ☐ Contingent ☐ Unliquidated  |   |            |
| ■ Debtor 1 and Debtor 2 only   | ☐ Unilquidated ☐ Disputed  |   |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:                                      |            |
| ☐ Check if this claim is for a community debt Is the claim subject to offset?              | ☐ Student loans ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharin  | ng plans, and other similar debts             |            |
| ■ No  Yes  | Other. Specify Judgment  |   |            |
| □ Yes  | Other. Specify Judgment  | Tor deficiency balance                        |            |
| Gla Collect  | Last 4 digits of account number  | 7459  | \$127.00   |
| Nonpriority Creditor's Name<br>2630 Gleeson Ln<br>Louisville, KY 40299                     | When was the debt incurred?  | Opened 11/20/17                               |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                       | As of the date you file, the claim   | is: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent   |   |            |
| Debtor 2 only  | ☐ Unliquidated   |   |            |
| Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:                                      |            |
| Check if this claim is for a community   | Student loans  |   |            |
| debt<br>Is the claim subject to offset?  | ☐ Obligations arising out of a separeport as priority claims                 | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing   |   |            |
| Yes  | Other. Specify Dr Donald   | Ansert  |            |
| I C System   | Last 4 digits of account number  | 9315  | \$489.00   |
| Nonpriority Creditor's Name Po Box 64378   | When was the debt incurred?  | Opened 8/08/17                                | ψ+00.00    |
| Saint Paul, MN 55164   |  |   |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one.                       | As of the date you file, the claim i   | is: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent   |   |            |
| ■ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| At least one of the debtors and another  | Type of NONPRIORITY unsecured  | d claim:                                      |            |
| ☐ Check if this claim is for a community   | Student loans  |   |            |
| debt Is the claim subject to offset?   | ☐ Obligations arising out of a separeport as priority claims                 | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing   | ng plans, and other similar debts             |            |
| ☐ Yes  | Other. Specify 11 Att Direct   | ctv   |            |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 32 of 57

| Kohls/capone   | Last 4 digits of account number                              | 2834  | \$173.0    |
|--|--|---|------------|
| Nonpriority Creditor's Name  | _  | On an all 4/44/40 I and Anthro                |            |
| N56 W 17000 Ridgewood Dr<br>Menomonee Falls, WI 53051                | When was the debt incurred?                                  | Opened 4/11/18 Last Active 6/22/18            |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
| Debtor 1 only  | ☐ Contingent   |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| Yes  | Other. Specify Charge Acc                                    | count   |            |
| Lvnv Funding   | Last 4 digits of account number                              | 9241  | \$761.00   |
| Nonpriority Creditor's Name Po Box 1269 Greenville, SC 29602         | When was the debt incurred?                                  | Opened 2/12/15                                |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ☐ Debtor 1 only  | ☐ Contingent   |   |            |
| ■ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ☐ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                 | Obligations arising out of a separeport as priority claims   | aration agreement or divorce that you did not |            |
| No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| Yes  | Other. Specify 12 Credit O                                   | ne Bank N A                                   |            |
| One Vsn Fcu  | Last 4 digits of account number                              | 0L30  | \$2,690.00 |
| Nonpriority Creditor's Name  | _  | One and 0/40/40 to ask to all a               |            |
| 206 W Lewis And Clark Pk<br>Clarksville, IN 47129                    | When was the debt incurred?                                  | Opened 3/19/18 Last Active 6/27/18            |            |
| Number Street City State Zlp Code  Who incurred the debt? Check one. | As of the date you file, the claim                           | is: Check all that apply                      |            |
| ☐ Debtor 1 only  | ☐ Contingent   |   |            |
| ☐ Debtor 2 only  | ☐ Unliquidated   |   |            |
| ■ Debtor 1 and Debtor 2 only   | ☐ Disputed   |   |            |
| ☐ At least one of the debtors and another                            | Type of NONPRIORITY unsecured                                | d claim:                                      |            |
| ☐ Check if this claim is for a community                             | ☐ Student loans  |   |            |
| debt Is the claim subject to offset?                                 | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not |            |
| ■ No   | Debts to pension or profit-sharing                           | ng plans, and other similar debts             |            |
| ☐ Yes  | ■ Other. Specify Unsecured                                   |   |            |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 33 of 57

| Debtor 1<br>Debtor 2             | Judy C S  |   |  | Case r     | number (i   | f know)                     |   |  |  |
|----------------------------------|---|---|--|------------|-------------|-----------------------------|---|--|--|
| 4.1<br>4                         | Pat Harriso                                       | n   | Last 4 digits of account number  | 0784       |             |                             | \$5,349.00                                    |  |  |
|                                  | onpriority Cred                                   | ine   | When was the debt incurred?  | 08/11      | 1/2010      | _                           |   |  |  |
|                                  |   | bs, IN 47119<br>City State Zlp Code   | As of the date you file, the claim   |            |             |                             |   |  |  |
|                                  |   | the debt? Check one.  | ,  | 01.00.     |             | rr·)                        |   |  |  |
| ☐ Debtor 1 only ☐ Debtor 2 only  |   |   | ☐ Contingent   |            |             |                             |   |  |  |
|                                  |   |   | ☐ Unliquidated   |            |             |                             |   |  |  |
| ı                                | Debtor 1 and                                      | d Debtor 2 only   | Disputed   |            |             |                             |   |  |  |
| [                                | At least one                                      | of the debtors and another  | Type of NONPRIORITY unsecure   | d claim:   |             |                             |   |  |  |
| [                                | ☐ Check if thi                                    | s claim is for a community  | ☐ Student loans  |            |             |                             |   |  |  |
|                                  | lebt<br>s the claim su                            | bject to offset?  | Obligations arising out of a separeport as priority claims   | ration ag  | greement o  | or divorce that you did not |   |  |  |
|                                  | No  |   | ☐ Debts to pension or profit-sharing   | g plans,   | and other   | similar debts               |   |  |  |
| [                                | ∃Yes  |   | ■ Other Specify Judgment   | or evi     | ction       |                             |   |  |  |
|                                  |   |   |  |            |             |                             |   |  |  |
| 9                                |   | ancial Company  | Last 4 digits of account number  | 0859       |             |                             | \$10,655.74                                   |  |  |
| C                                |   | c & Spies, PSC  | When was the debt incurred?  | 07/12      | 2/2017      |                             | _   |  |  |
| Ĺ                                |   | <b>KY 40204-0668</b> City State Zlp Code  | As of the date you file, the claim   | is: Check  | call that a | pply                        |   |  |  |
| V                                | Who incurred the debt? Check one.                 |   |  |            |             |                             |   |  |  |
| ☐ Debtor 1 only ☐ Debtor 2 only  |   |   | ☐ Contingent ☐ Unliquidated  |            |             |                             |   |  |  |
|                                  |   |   |  |            |             |                             |   |  |  |
| [                                | At least one                                      | of the debtors and another  |  |            |             |                             |   |  |  |
|                                  |   | s claim is for a community  | ☐ Student loans  |            |             |                             |   |  |  |
| -                                | lebt<br>s the claim su                            | bject to offset?  | <ul> <li>☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims</li> <li>☐ Debts to pension or profit-sharing plans, and other similar debts</li> </ul> |            |             |                             |   |  |  |
| _                                | No  | .,  |  |            |             |                             |   |  |  |
|                                  | ⊐ Yes   |   | Other. Specify  Judgment for deficiency balance  |            |             |                             |   |  |  |
|                                  |   |   | Cutoff Opposity  |            |             |                             | _   |  |  |
| Part 3:                          | List Others                                       | s to Be Notified About a Debt   | That You Already Listed  |            |             |                             |   |  |  |
| is trying<br>have mo<br>notified | to collect fro<br>ore than one c<br>for any debts | m you for a debt you owe to some reditor for any of the debts that yo in Parts 1 or 2, do not fill out or s |  | Parts 1    | or 2, ther  | n list the collection agend | y here. Similarly, if you                     |  |  |
| Part 4:                          |   | nounts for Each Type of Unse  | cured Claim  This information is for statistical r   | onortina   | nurnaca     | o only 2011 S.C. \$450. As  | dd the emounte for each                       |  |  |
|                                  | unsecured cla                                     |   | . This information is for statistical r  | eporting   | purpose     | s only. 20 0.3.C. §139. A   | du the amounts for each                       |  |  |
|                                  |   |   |  |            |             | Total Claim                 |   |  |  |
| _                                | 6a.   | Domestic support obligations  |  | 6a.        | \$          | 0.00                        | )   |  |  |
| To<br>clai                       | otal<br>ms  |   |  |            |             |                             |   |  |  |
| from Par                         |   | Taxes and certain other debts yo  | •  | 6b.        | \$          | 5,052.00                    | _   |  |  |
|                                  | 6c.<br>6d.  | Claims for death or personal inju   |  | 6c.<br>6d. | \$          | 0.00                        |   |  |  |
|                                  | ou.   | Other. Add all other priority unsect  | ured claims. Write that amount here.   | ou.        | \$          | 0.00                        | <u>,                                     </u> |  |  |
|                                  | 6e.   | Total Priority. Add lines 6a throug   | h 6d.  | 6e.        | \$          | 5,052.00                    | <u>)</u>                                      |  |  |
|                                  |   |   |  |            |             | Total Claim                 |   |  |  |
|                                  | 6f.   | Student loans   |  | 6f.        | \$          | 0.00                        | )   |  |  |
| To<br>clai                       | otal<br>ms  |   |  |            |             |                             |   |  |  |
| from Par                         |   | Obligations arising out of a sepa   | ration agreement or divorce that   | 6g.        | \$          | 0.00                        | )   |  |  |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 34 of 57

Debtor 1 Kevin L Summers Debtor 2 Judy C Summers

- you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts
- 6i. Other. Add all other nonpriority unsecured claims. Write that amount
- Total Nonpriority. Add lines 6f through 6i.

Case number (if know)

6h. 0.00 6i. 28,900.74

6j. 28,900.74 Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 35 of 57

| Fill in this infor                      | Il in this information to identify your case: |                   |            |  |  |  |  |
|---|---|-------------------|------------|--|--|--|--|
| Debtor 1                                | Kevin L Summers                               | <b>S</b>          |            |  |  |  |  |
|   | First Name                                    | Middle Name       | Last Name  |  |  |  |  |
| Debtor 2                                | Judy C Summers                                |                   |            |  |  |  |  |
| (Spouse if, filing)                     | First Name                                    | Middle Name       | Last Name  |  |  |  |  |
| United States Bankruptcy Court for the: |   | SOUTHERN DISTRICT | OF INDIANA |  |  |  |  |
| Case number _                           |   |                   |            |  |  |  |  |
| (II KNOWN)                              |   |                   |            |  |  |  |  |

### Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - ☐ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| Р   | erson or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code | State what the contract or lease is for |
|-----|--|---|
| 2.1 | Metro PCS<br>1222 State St.<br>New Albany, IN 47150  | Prepaid cell phone                      |
| 2.2 | Straight Talk<br>9700 NW 112th Ave<br>Miami, FL 33178  | Cell phone prepaid                      |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 36 of 57

| _                             |  |                               |                          |   | 8/08/18 5:05PM  |
|-------------------------------|--|-------------------------------|--------------------------|---|---|
| Fill in this                  | information to identify your                                       | case:                         |                          |   |   |
| Debtor 1                      | Kevin L Summer   | 'S                            |                          |   |   |
|                               | First Name   | Middle Name                   | Last Name                |   |   |
| Debtor 2<br>(Spouse if, filir | Judy C Summers First Name  | Middle Name                   | Last Name                |   |   |
| United Sta                    | tes Bankruptcy Court for the:                                      | SOUTHERN DISTRIC              | T OF INDIANA             |   |   |
| Case numb                     | ber  |                               |                          |   |   |
| (if known)                    |  |                               |                          |   | Check if this is an amended filing  |
|                               |  |                               |                          |   | amonada ming  |
|                               | l Form 106H  |                               |                          |   |   |
| <u>Sched</u>                  | lule H: Your Cod   | lebtors                       |                          |   | 12/15   |
| •                             | and case number (if known you have any codebtors? (If              | ,                             |                          | as a codebtor.                            |   |
| ■ No                          | s  |                               |                          |   |   |
|                               | hin the last 8 years, have yo<br>a, California, Idaho, Louisiana   |                               |                          |   | states and territories include  |
| ■ No.                         | Go to line 3.  |                               |                          |   |   |
| ☐ Yes                         | . Did your spouse, former spo                                      | ouse, or legal equivalent liv | ve with you at the time? |   |   |
| in line<br>Form               | 2 again as a codebtor only   | if that person is a guara     | ntor or cosigner. Make   | sure you have listed the                  | with you. List the person shown<br>e creditor on Schedule D (Official<br>chedule E/F, or Schedule G to fill |
|                               | Column 1: Your codebtor<br>Name, Number, Street, City, State and Z | ZIP Code                      |                          | Column 2: The cred<br>Check all schedules | ditor to whom you owe the debt that apply:  |
| 3.1                           |  |                               |                          | ☐ Schedule D, line                        |   |
|                               | Name   |                               |                          | ☐ Schedule E/F, lin                       |   |
|                               |  |                               |                          | ☐ Schedule G, line                        |   |
|                               | Number Street<br>City  | State                         | ZIP Code                 | _   |   |
| 3.2                           |  |                               |                          | ☐ Schedule D, line                        |   |
|                               | Name   |                               |                          | _ ☐ Schedule E, line                      |   |
|                               |  |                               |                          | ☐ Schedule G, line                        |   |
| -                             | Number Street  |                               |                          | _   |   |
|                               | City   | State                         | ZIP Code                 |   |   |

|                       |   |                           |  |                        |                | _        |                   |              |                                  |        |
|-----------------------|---|---------------------------|--|------------------------|----------------|----------|-------------------|--------------|----------------------------------|--------|
| Filli                 | n this information to ide                           | entify your ca            | se:                                    |                        |                |          |                   |              |                                  |        |
| Deb                   | otor 1 Ke   | vin L Sum                 | mers                                   |                        |                |          |                   |              |                                  |        |
|                       | utor 2 Ju   | dy C Sumi                 | ners                                   |                        |                |          |                   |              |                                  |        |
| Unit                  | ed States Bankruptcy (                              | Court for the:            | SOUTHERN DISTRIC                       | T OF INDIANA           |                |          |                   |              |                                  |        |
| Cas                   | e number  |                           |  |                        |                | Ch       | neck if this is:  |              |                                  |        |
| (If kn                | own)  |                           |  |                        |                |          |                   | ent showing  | postpetition cl                  | hapter |
| <u>Of</u>             | ficial Form 10                                      | <u>)61</u>                |  |                        |                |          | MM / DD/ Y        | YYY          |                                  |        |
| Sc                    | chedule I: Yo                                       | ur Inco                   | ome                                    |                        |                |          |                   |              |                                  | 12/15  |
| Mr<br>du<br>Th<br>fea | ring June 20<br>e Debtors ha<br>asibility of th     | 18.<br>as inclu<br>e Debt | d employmen<br>ided only a poors plan. | ortion of hi           | s socia        |          | ٠                 |              |                                  |        |
| Part                  | Describe En   | nployment                 |  |                        |                |          |                   |              |                                  |        |
| 1.                    | Fill in your employm information.                   | ent                       |  | Debtor 1               |                |          | Debtor 2          | or non-fili  | ng spouse                        |        |
|                       | If you have more than                               |                           | Employment status                      | Employed               |                |          | <b>✓</b> Empl     | oyed         |                                  |        |
|                       | attach a separate pag<br>information about add      |                           |  | ✓ Not employed         |                |          | ☐ Not e           | mployed      |                                  |        |
|                       | employers.  |                           | Occupation                             | Disabled               |                |          | Enviror           | nmental S    | ervices                          |        |
|                       | Include part-time, sease self-employed work.        | sonal, or                 | Employer's name                        |                        |                |          | Trilogy           | Managen      | nent Service                     | s LLC  |
|                       | Occupation may incluor homemaker, if it ap          |                           | Employer's address                     |                        |                |          | \$17.15<br>Averag | per hour     | ne Pkwy Su<br>3.78 weekly<br>222 |        |
|                       |   |                           | How long employed the                  | nere?                  |                |          | 4                 | years        |                                  |        |
| Pari                  | Give Details  | About Mon                 | thly Income                            |                        |                |          |                   |              |                                  |        |
| <b>Estir</b> spou     | mate monthly income<br>se unless you are sepa       | as of the da              | te you file this form. If y            | you have nothing to I  | eport for any  | line, w  | rite \$0 in the   | space. Incl  | ude your non-f                   | filing |
| •                     | u or your non-filing spou<br>space, attach a separa |                           | re than one employer, co               | embine the information | on for all emp | loyers f | or that perso     | n on the lin | es below. If yo                  | u need |
|                       |   |                           |  |                        |                | For D    | Debtor 1          | For Deb      | tor 2 or                         |        |
|                       |   |                           |  |                        |                |          |                   | non-filin    | g spouse                         |        |

Official Form 106I Schedule I: Your Income page 1

Debtor 1 Debtor 2 Mevin L Summers
Judy C Summers

deductions). If not paid monthly, calculate what the monthly wage would be.

3. Estimate and list monthly overtime pay.

4. Calculate gross Income. Add line 2 + line 3.

Case number (if known)

4. \$ 0.00 \$ 3,206.00

| Debt<br>Debt |  | Kevin L Summers<br>Judy C Summers   | _                                 | Case  | e number ( <i>if known</i> )                           |                                    |  |                |
|--------------|--|---|-----------------------------------|---|--|------------------------------------|--|----------------|
|              |  |   |                                   | Fo  | r Debtor 1   | For Debt                           | or 2 or<br>g spouse                                  |                |
|              | Сор                                    | y line 4 here   | 4.                                | \$  | 0.00   | \$                                 | 3,206.00   |                |
| 5.           | Lict                                   | all payroll deductions:   |                                   |   |  |                                    |  |                |
| 5.           |  | • •   | E o                               | æ   | 0.00   | ¢                                  | E70.00   |                |
|              | 5a.<br>5b.                             | Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans  | 5a.<br>5b.                        | \$_<br>\$   | 0.00   | \$<br>\$                           | 570.00<br>0.00                                       |                |
|              | 5c.                                    | Voluntary contributions for retirement plans  | 5c.                               | \$_   | 0.00   | \$                                 | 96.00  |                |
|              | 5d.                                    | Required repayments of retirement fund loans  | 5d.                               | \$  | 0.00   | \$                                 | 0.00   |                |
|              | 5e.                                    | Insurance   | 5e.                               | \$  | 0.00   | \$                                 | 130.00   |                |
|              | 5f.                                    | Domestic support obligations  | 5f.                               | \$  | 0.00   | \$                                 | 0.00   |                |
|              | 5g.                                    | Union dues  | 5g.                               | \$_   | 0.00   | \$                                 | 0.00   |                |
|              | 5h.                                    | Other deductions. Specify: Dental   | 5h                                | _   | 0.00   |                                    | 20.00  |                |
|              |  | Donation Fund for ill employees Spouse Life   |                                   | \$_<br>\$   | 0.00   | \$<br>\$                           | 7.00   |                |
|              |  | Vision  |                                   | Ψ_<br>\$  | 0.00   | \$                                 | 5.00   |                |
|              |  | Vol Life Ins  |                                   | \$-   | 0.00   | \$                                 | 16.00  |                |
|              |  | Pet Insurance   |                                   | \$  | 0.00   | \$                                 | 44.00  |                |
| 6.           | Add                                    | I the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.                                | \$  | 0.00   | \$                                 | 892.00   |                |
| 7.           | Calc                                   | culate total monthly take-home pay. Subtract line 6 from line 4.  | 7.                                | \$  | 0.00   | \$                                 | 2,314.00   |                |
| 9.           | 8a.<br>8b.<br>8c.<br>8d.<br>8e.<br>8f. | all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependen regularly receive  Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive  Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify:  Pension or retirement income  Other monthly income. Specify: | 8c.<br>8d.<br>8e.                 | \$ \$ -   \$ - | 0.00<br>0.00<br>0.00<br>700.00<br>0.00<br>0.00<br>0.00 | \$<br>\$<br>\$<br>\$<br>+ \$<br>\$ | 0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 |                |
| 10           | Cald                                   | culate monthly income. Add line 7 + line 9.   | 10. \$                            |   | 700.00 + \$  | 2 24 4 0                           | 00 = \$  | 2 04 4 00      |
| 10.          |  | the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.  | 10.                               | <u> </u>  | 700.00 + \$_   | 2,314.0                            |  | 3,014.00       |
| 11.<br>12.   | Incluother Dorr Sper                   | I the amount in the last column of line 10 to the amount in line 11. The re e that amount on the Summary of Schedules and Statistical Summary of Certa  | r deper<br>: availal<br>sult is t | ole to  | pay expenses liste                                     | ed in <i>Sched</i> 1 ncome.        | 1. +\$   | 0.00           |
|              | appl                                   | ies   |                                   |   |  | 1:                                 |  | 3,014.00       |
| 13.          | Do y                                   | you expect an increase or decrease within the year after you file this form<br>No.<br>Yes. Explain:   | n?                                |   |  |                                    | Combin<br>monthly                                    | ed<br>/ income |

| Fill | in this informa                 | tion to identify y                                  | our case:                     |  |   |                              |  |  |
|------|---------------------------------|---|-------------------------------|--|---|------------------------------|--|--|
| Deb  | otor 1                          | Kevin L Sun   | nmers                         |  |   | Check                        | c if this is:                            |  |
|      |                                 |   |                               |  |   |                              | An amended filing                        |  |
|      | otor 2                          | Judy C Sum  | mers                          |  |   |                              | \ supplement show<br>∣3 expenses as of t | ring postpetition chapter                          |
| (Spo | ouse, if filing)                |   |                               |  |   |                              | is expenses as on                        | rie following date.                                |
| Unit | ed States Bankr                 | ruptcy Court for the                                | : SOUTHER                     | RN DISTRICT OF INDIA                                   | NA  | N                            | MM / DD / YYYY                           |  |
|      | e number<br>nown)               |   |                               |  |   |                              |  |  |
|      |                                 |   |                               |  |   |                              |  |  |
|      |                                 | rm 106J   |                               |  |   |                              |  |  |
|      |                                 | J: Your   |                               |  |   |                              |  | 12/15  |
| info | ormation. If m<br>mber (if know | ore space is ne<br>n). Answer eve<br>ibe Your House | eeded, attach<br>ry question. | two married people are<br>another sheet to this f      | e filing together, bo<br>orm. On the top of | oth are equa<br>any addition | lly responsible fo<br>nal pages, write y | r supplying correct<br>our name and case           |
|      | No. Go to  ✓ Yes. <b>Doe</b>    | o line 2.<br>es Debtor 2 live                       | in a separate                 | household?   |   |                              |  |  |
|      | <b>쳁</b> N<br>□ Y               |   | ıst file Official             | Form 106J-2, <i>Expense</i> s                          | for Separate House                          | ehold of Debt                | or 2.                                    |  |
| 2.   | Do you have                     | e dependents?                                       | <b>√</b> No                   |  |   |                              |  |  |
|      | Do not list De Debtor 2.        | •   | Yes. Fi                       | Il out this information for ach dependent              | Dependent's relati<br>Debtor 1 or Debtor    |                              | Dependent's age                          | Does dependent live with you?                      |
|      | Do not state dependents         |   |                               |  |   |                              |  | ☐ No<br>☐ Yes                                      |
|      |                                 |   |                               |  |   |                              |  | ∐ No<br>□ Yes                                      |
|      |                                 |   |                               |  | -   |                              |  | No   |
|      |                                 |   |                               |  |   |                              |  | Yes  |
|      |                                 |   |                               |  |   |                              |  | No   |
| 3.   | expenses of                     | penses include<br>f people other t                  |                               |  |   |                              |  | ∐ Yes  |
|      | yourself and                    | d your depende                                      | ints?                         |  |   |                              |  |  |
| Par  | t 2: Estima                     | ate Your Ongoi                                      | ing Monthly E                 | xpenses  |   |                              |  |  |
| exp  |                                 |   |                               | cy filing date unless yo<br>s filed. If this is a supp |   |                              |  | pter 13 case to report<br>the form and fill in the |
| lna  | luda avnanaa                    | o maid far with                                     | non ooob aa                   | vernment assistance if                                 | was know                                    |                              |  |  |
|      | •                               | •   | -                             | ded it on <i>Schedule I:</i> Y                         | •   |                              |  |  |
|      | ficial Form 10                  |   |                               |  |   |                              | Your expe                                | enses  |
|      |                                 |   |                               |  |   |                              |  |  |
| 4.   |                                 | or home owners<br>and any rent for the              |                               | s for your residence. In<br>ot.                        | nclude first mortgage                       | 4. \$                        |  | 0.00   |
|      | If not includ                   | led in line 4:                                      |                               |  |   |                              |  |  |
|      | 4a. Real e                      | estate taxes  |                               |  |   | 4a. \$                       |  | 100.00   |
|      |                                 | rty, homeowner'                                     | s, or renter's i              | nsurance   |   | 4b. \$                       |  | 125.00   |
|      | •                               | maintenance, re                                     |                               |  |   | 4c. \$                       |  | 0.00   |
|      |                                 | owner's associa                                     |                               |  |   | 4d. \$                       |  | 0.00   |
| 5.   | Additional n                    | nortgage paym                                       | ents for your                 | residence, such as hor                                 | ne equity loans                             | 5. \$                        |  | 0.00   |

| Debtor 1      | Kevin L Summers   |                        |             |                              |  |
|---------------|---|------------------------|-------------|------------------------------|--|
| ebtor 2       | Judy C Summers  | Case number (if known) |             |                              |  |
| l Itili       | ities:  |                        |             |                              |  |
| Util<br>6a.   | Electricity, heat, natural gas  | 6a.                    | \$          | 300.00                       |  |
| 6b.           | Water, sewer, garbage collection  | 6b.                    |             | 75.00                        |  |
| 6c.           | Telephone, cell phone, Internet, satellite, and cable services  | 6c.                    | \$          | 314.00                       |  |
| 6d.           | Other. Specify:   | 6d.                    | \$          | 0.00                         |  |
| Foo           | d and housekeeping supplies   | 7.                     | \$          | 400.00                       |  |
| Chi           | Idcare and children's education costs   | 8.                     | \$          | 0.00                         |  |
| Clo           | thing, laundry, and dry cleaning  | 9.                     | \$          | 150.00                       |  |
| ). Per        | sonal care products and services  | 10.                    | \$          | 90.00                        |  |
| · Me          | edical and dental expenses- The Debtor requires te  | n                      |             |                              |  |
|               | escription drugs daily.   | 11.                    | \$          | 200.00                       |  |
| · Tra         | ansportation. Include gas, maintenance, bus or trai   | in                     |             |                              |  |
| far           | e.  |                        |             |                              |  |
| Do            | not include car payments. Mrs. Summers drives   |                        |             |                              |  |
| six           | cty miles round trip daily for work.  | 12.                    | \$          | 475.00                       |  |
|               | ertainment, clubs, recreation, newspapers, magazines, and books   | 13.                    |             | 100.00                       |  |
|               | aritable contributions and religious donations  | 14.                    |             | 0.00                         |  |
|               | urance.   |                        | •           |                              |  |
| Doi           | not include insurance deducted from your pay or included in lines 4 or 20.  |                        |             |                              |  |
| 15a           | . Life insurance  | 15a.                   | \$          | 0.00                         |  |
| 15b           | . Health insurance  | 15b.                   | \$          | 0.00                         |  |
|               | . Vehicle insurance   | 15c.                   | \$          | 225.00                       |  |
|               | . Other insurance. Specify:   | 15d.                   | \$          | 0.00                         |  |
| _             | es. Do not include taxes deducted from your pay or included in lines 4 or 20.   |                        | •           |                              |  |
|               | cify:   | 16.                    | \$          | 0.00                         |  |
|               | allment or lease payments:  | 170                    | ¢           | 0.00                         |  |
|               | Car payments for Vehicle 2  | 17a.                   | ·           | 0.00                         |  |
|               | Car payments for Vehicle 2  | 17b.                   |             | 0.00                         |  |
|               | Other Specify:  | 17c.                   | ·           | 0.00                         |  |
|               | . Other. Specify:   | 17d.                   | Φ           | 0.00                         |  |
|               | ır payments of alimony, maintenance, and support that you did not report as<br>lucted from your pay on line 5, <i>Schedule I, Your Income</i> (Official Form 106I).   | 18.                    | \$          | 0.00                         |  |
|               | er payments you make to support others who do not live with you.  |                        | \$          | 0.00                         |  |
|               | cify:   | 19.                    | · -         |                              |  |
|               | er real property expenses not included in lines 4 or 5 of this form or on Sche  | edule I: Yo            | our Income. |                              |  |
| 20a           | . Mortgages on other property   | 20a.                   | \$          | 0.00                         |  |
| 20b           | . Real estate taxes   | 20b.                   |             | 0.00                         |  |
| 20c           | 1 - 3,  | 20c.                   |             | 0.00                         |  |
|               | . Maintenance, repair, and upkeep expenses  | 20d.                   |             | 0.00                         |  |
|               | . Homeowner's association or condominium dues   | 20e.                   | ·           | 0.00                         |  |
| . Oth         | er: Specify:  | 21.                    | +\$         | 0.00                         |  |
| 2. Cal        | culate your monthly expenses  |                        |             |                              |  |
|               | . Add lines 4 through 21.   |                        | \$          | 2,554.00                     |  |
| 22b           | . Copy line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2   |                        | \$          |                              |  |
| 22c           | . Add line 22a and 22b. The result is your monthly expenses.  |                        | \$          | 2,554.00                     |  |
| 3. <b>Cal</b> | culate your monthly net income.   |                        |             |                              |  |
|               | . Copy line 12 (your combined monthly income) from Schedule I.  | 23a.                   | \$          | 3,014.00                     |  |
| 23b           | . Copy your monthly expenses from line 22c above.   | 23b.                   | -\$         | 2,554.00                     |  |
| 23c           | Subtract your monthly expenses from your monthly income. The result is your monthly net income.   | 23c.                   | \$          | 460.00                       |  |
|               | , ,   |                        |             |                              |  |
| For           | you expect an increase or decrease in your expenses within the year after you<br>example, do you expect to finish paying for your car loan within the year or do you expect you<br>ification to the terms of your mortgage? |                        |             | ase or decrease because of a |  |
| <b>√</b> I    |   |                        |             |                              |  |
|               | Yes. Explain here:  |                        |             |                              |  |

| Fill in this infe                | remotion to identify your                            |                          |                                |   |       |
|----------------------------------|--|--------------------------|--------------------------------|---|-------|
|                                  | ormation to identify your                            | case:                    |                                |   |       |
| Debtor 1                         | Kevin L Summers                                      | Middle Name              | Last Name                      |   |       |
| Debtor 2                         | Judy C Summers                                       |                          | Last Name                      |   |       |
| (Spouse if, filing)              | First Name   | Middle Name              | Last Name                      |   |       |
| United States B                  | Bankruptcy Court for the:                            | SOUTHERN DISTRICT        | OF INDIANA                     |   |       |
| Case number                      |  |                          |                                |   |       |
| (if known)                       |  |                          |                                | ☐ Check if the amended to   |       |
|                                  | rm 106Dec<br>ntion About a                           | ın Individua             | Debtor's Sch                   | edules  | 12/15 |
| obtaining mon<br>years, or both. |  | n connection with a ban  |                                | aking a false statement, concealing pr<br>ines up to \$250,000, or imprisonment f |       |
| Did you բ                        | pay or agree to pay some                             | one who is NOT an atto   | rney to help you fill out banl | kruptcy forms?  |       |
| ■ No                             |  |                          |                                |   |       |
| ☐ Yes.                           | Name of person                                       |                          |                                | Attach Bankruptcy Petition Prepa<br>Declaration, and Signature (Offici            |       |
|                                  | nalty of perjury, I declare<br>are true and correct. | that I have read the sun | nmary and schedules filed w    | vith this declaration and   |       |
| X /s/ Ke                         | evin L Summers                                       |                          | X /s/ Judy C Su                | mmers   |       |
|                                  | n L Summers  |                          | Judy C Sumn                    | ners  |       |
| Signa                            | ture of Debtor 1                                     |                          | Signature of Del               | btor 2  |       |
| Date                             | August 8, 2018                                       |                          | Date August                    | t 8, 2018   |       |

|             | Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37   | 7 Pg       | 43 of 57<br>8/08/18 5:05PM |
|-------------|---|------------|----------------------------|
| Fill        | in this information to identify your case:  |            |                            |
| Del         | otor 1 Kevin L Summers  |            |                            |
| Del         | First Name Middle Name Last Name otor 2 Judy C Summers  |            |                            |
| (Spo        | use if, filing) First Name Middle Name Last Name  |            |                            |
| Uni         | ted States Bankruptcy Court for the: SOUTHERN DISTRICT OF INDIANA   |            |                            |
|             | se number   |            | ck if this is an           |
|             |   | arrio      | naoa ming                  |
| Of          | ficial Form 106Sum  |            |                            |
|             | mmary of Your Assets and Liabilities and Certain Statistical Information  |            | 12/15                      |
| info<br>you | is complete and accurate as possible. If two married people are filing together, both are equally responsible formation. Fill out all of your schedules first; then complete the information on this form. If you are filing amend original forms, you must fill out a new <i>Summary</i> and check the box at the top of this page.  **Example 1.1.**  **Summarize Your Assets |            |                            |
| гаг         | Summanze Tour Assets  | Varia      |                            |
|             |   |            | assets<br>of what you own  |
| 1.          | Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B   | \$         | 121,200.00                 |
|             | 1b. Copy line 62, Total personal property, from Schedule A/B  | \$         | 16,776.00                  |
|             | 1c. Copy line 63, Total of all property on Schedule A/B   | \$         | 137,976.00                 |
| Par         | t 2: Summarize Your Liabilities   |            |                            |
|             |   |            | liabilities<br>nt you owe  |
| 2.          | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D  | \$         | 148,762.00                 |
| 3.          | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F)  3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F  | \$         | 5,052.00                   |
|             | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F   | \$         | 28,900.74                  |
|             | Your total liabilities  | \$         | 182,714.74                 |
| Par         | t 3: Summarize Your Income and Expenses   |            |                            |
| 4.          | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I   | \$         | 3,014.00                   |
| 5.          | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J   | \$         | 2,554.00                   |
| Par         | t 4: Answer These Questions for Administrative and Statistical Records  |            |                            |
| 6.          | Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with yo   | ur other s | chedules.                  |
| 7.          | ■ Yes What kind of debt do you have?  |            |                            |

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

5,025.18

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

|  | Total o | claim    |
|--|---------|----------|
| From Part 4 on Schedule E/F, copy the following:   |         |          |
| 9a. Domestic support obligations (Copy line 6a.)   | \$      | 0.00     |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.)  | \$      | 5,052.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)  | \$      | 0.00     |
| 9d. Student loans. (Copy line 6f.)   | \$      | 0.00     |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$      | 0.00     |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)                                       | +\$     | 0.00     |
| 9g. <b>Total.</b> Add lines 9a through 9f.   | \$      | 5,052.00 |

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation        |
|------------|--------------------|
| \$245      | filing fee         |
| \$75       | administrative fee |
| + \$15     | trustee surcharge  |
| \$335      | total fee          |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### **Read These Important Warnings**

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

|   | \$200 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$275 | total fee          |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

|   | \$235 | filing fee         |
|---|-------|--------------------|
| + | \$75  | administrative fee |
|   | \$310 | total fee          |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

R&R (rev 06/08/15)

# UNITED STATES BANKRUPTCY COURT SOUTHERN DISTRICT OF INDIANA

Case Name: Kevin L Summers Case No. Judy C Summers

## RIGHTS AND RESPONSIBILITIES OF CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

It is important for debtors who file a bankruptcy case under Chapter 13 to understand their rights and responsibilities. It is also important that debtors know what their attorney's responsibilities are and understand the importance of communicating with their attorney to make the case successful. Debtors should also know that they may expect certain services to be performed by their attorney. In order to assure that debtors and attorneys understand their rights and responsibilities in the bankruptcy process, the following guidelines provided by the Court are hereby agreed to by the debtors and their attorney.

### BEFORE THE CASE IS FILED

### The debtor agrees to:

- 1. Provide the attorney with complete, accurate and current financial information.
- 2. Discuss with the attorney the debtor's objectives in filing the case.
- 3. Disclose any previous bankruptcies filed in the previous 8 years.
- 4. Unless excused under 11 U.S.C. § 109(h), receive a briefing from an approved nonprofit budget and credit counseling agency and provide the attorney with a copy of the certificate from the agency showing such attendance, as well as a copy of the debt repayment plan, if any, developed through the agency.
  - 5. Disclose to the attorney any and all domestic support obligations.

#### The attorney agrees to:

- 1. Meet with the debtor to review the debtor's debts, assets, liabilities, income and expenses.
- 2. Counsel the debtor regarding the advisability of filing either a Chapter 7 or Chapter 13 case, provide debtor with the notice required under 11 U.S.C. § 342(b) if applicable, discuss both procedures with the debtor and answer the debtor's questions.
- 3. Explain what payments will be made to creditors directly by the debtor and what payments will be made through the Chapter 13 plan, with particular attention to mortgage and vehicle loan payments, any other debts that accrue interest, domestic support obligations and leases.
- 4. Explain to the debtor how, when and where to make payments, pursuant to the plan, to the Chapter 13 trustee and of the necessity to include the debtor's case number, name and current address on each payment item.
- 5. Explain to the debtor how the attorney and trustee's fees are paid and provide an executed copy of this document to the debtor.
- 6. Explain to the debtor that the first payment due under Chapter 13 must be made to the trustee within 30 days of filing of the bankruptcy petition.
- 7. Advise the debtor of the requirement to attend the Section 341 Meeting of Creditors and instruct the debtor as to the date, time and place of the meeting and of the necessity to bring both picture identification and proof of the debtor's social security number to the meeting.
- 8. Advise the debtor of the necessity of maintaining liability, collision and comprehensive insurance on leased vehicles or those securing loans, and of the obligation to bring copies of the declaration page(s) documenting such insurance to the Meeting of Creditors.
- 9. Advise debtors engaged in business of the necessity to maintain liability insurance, workers compensation insurance, if required, and any other insurance coverage required by law.
- 10. Timely prepare and file the debtor's petition, plan, statements, schedules, and any other papers or documents required under the Bankruptcy Code.

Case Name: Kevin L Summers

Judy C Summers Case No.

### AFTER THE CASE IS FILED

### The debtor agrees to:

- 1. Timely make all required payments to the Chapter 13 trustee that first become due 30 days after the case is filed. Also, if required, turn over any tax refunds, personal injury settlement proceeds or any other property as requested by the trustee.
- 2. Timely make all post-petition payments due to mortgage lenders, holders of domestic support obligations, lessors, and any other creditor that debtor agreed or is obligated to pay directly.
  - 3. Cooperate with the attorney in the preparation of all pleadings and attend all hearings as required.
  - 4. Keep the trustee, attorney and Court informed of any changes to the debtor's address and telephone number.
  - 5. Prepare and file any and all federal, state and local tax returns within 30 days of filing the petition.
- 6. Inform the attorney of any wage garnishments or attachments of assets which occur or continue to occur after the filing of the case.
- 7. Contact the attorney promptly with any information regarding changes in employment, increases or decreases in income or other financial problems or changes.
- 8. Contact the attorney promptly if the debtor acquires any property after the petition is filed. Such property might include, but is not limited to, personal injury proceeds, inheritances, lottery winnings, etc.
  - 9. Inform the attorney if the debtor is sued during the case.
- 10. Inform the attorney if any tax refunds to which the debtors are entitled are seized or not returned to the debtor by the IRS, the Indiana Department of Revenue or any other taxing authority.
- 11. Contact the attorney to determine whether court approval is required before buying, refinancing or selling real property or before entering into any long-term loan agreement.
  - 12. Pay any filing fees and courts costs directly to the attorney.
- 13. If the requirements of 11 U.S.C. § 109(h) were waived by the Court when the case was first filed, receive a briefing from an approved nonprofit budget and credit counseling agency within 30 days of the case being filed (unless the Court, for cause, extends such time) and provide counsel with the certificate from the agency stating that the debtor attended such briefing.
- 14. Unless such attendance is excused under 11 U.S.C. § 1328(f), complete an instructional course concerning personal financial management and shall promptly submit to the debtor's attorney a signed and completed Certification of Completion of Instruction Course Concerning Personal Financial Management.
  - 15. Cooperate fully with any audit conducted pursuant to 28 U.S.C. § 586(a).
- 16. After all plan payments have been made, and if the debtor is eligible for a discharge, timely provide counsel with the information needed to complete any documents required by the Court before a discharge will be entered.

#### The attorney agrees to provide the following legal services:

- 1. Appear at the Section 341 Meeting of Creditors with the debtor.
- 2. Respond to objections to plan confirmation and, where necessary, prepare an amended plan.
- 3. Timely submit properly documented profit and loss statements, tax returns and proof of income when requested by the trustee.
  - 4. Prepare, file and serve necessary modifications to the plan.
- 5. Prepare, file and serve necessary amended statements and schedules, in accordance with information provided by the debtor.
  - 6. Prepare, file and serve necessary motions to buy, sell or refinance property when appropriate.
  - 7. Object to improper or invalid claims, if necessary, based upon documentation provided by the debtor or trustee.
  - 8. Represent the debtor in motions for relief from stay and motions to dismiss and/or convert.
  - 9. Where appropriate, prepare, file, serve and notice motions to avoid liens on real or personal property.
  - 10. Where appropriate, prepare, file and serve a summons and complaint to avoid a wholly unsecured mortgage.
  - 11. Be available to respond to debtor's questions throughout the life of the plan.
- 12. Negotiate with any creditor holding a claim against the debtor that is potentially nondischargeable to determine if the matter can be resolved prior to litigation. Discuss with debtor the cost and advisability of litigating the dischargeability of the claim. The attorney is not required, however, to represent the debtor in any adversary proceeding to determine the nondischargeability of any debt pursuant to these Rights and Responsibilities.
  - 13. Represent the debtor with respect to any audit conducted pursuant to 28 U.S.C. § 586(a).

## Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 51 of 57

Case Name: Kevin L Summers

Judy C Summers Case No.

14. Negotiate all reaffirmation agreements and appear with the debtor at any hearing on same.

15. After all plan payments have been made, and if the debtor is eligible for a discharge, prepare, file and serve any documents required by the Court before a discharge will be entered.

The total fee charged in this case is \$4,000.00. If this fee later proves to be insufficient to compensate the attorney for the legal service rendered in the case, the attorney has the right to apply to the court for any additional attorney fees. Fees shall be paid through the plan unless otherwise ordered. The attorney may not receive additional fees directly from the debtor other than the initial retainer. If an attorney has elected to be compensated pursuant to these guidelines, but the case is dismissed prior to confirmation of the plan, absent contrary order, the trustee shall pay to the attorney, to the extent funds are available, an administrative claim equal to 50% of the unpaid fee balance if a properly documented fee claim (for the entire fee balance) has been filed by the attorney and served upon the trustee.

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 52 of 57

Case Name: Kevin L Summers

Judy C Summers Case No.

If the debtor disputes the legal services provided or the fees charged by the attorney, an objection must be filed with the Court.

Dated: August 8, 2018

| Solution | Columnt |

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 53 of 57

B2030 (Form 2030) (12/15)

### **United States Bankruptcy Court** Southern District of Indiana

| In re          | Kevin L Sumn<br>Judy C Summ   |   |   | Case No.   |                            |           |  |
|----------------|---|---|---|--|----------------------------|-----------|--|
|                | oudy o cumin  | 1013  | Debtor(s)   | Chapter  | 13                         |           |  |
|                | DIC   | CI OSUDE OF COM   | PENSATION OF ATTOR  | NEV FOR DE                                       | PRTOD(S)                   |           |  |
|                |   |   |   |  | , ,                        |           |  |
| cc             | ompensation paid to   | o me within one year before the   | 2016(b), I certify that I am the attorned filing of the petition in bankruptcy, ion of or in connection with the bank   | or agreed to be paid                             | to me, for services render | red or to |  |
|                | For legal service   | es, I have agreed to accept   |   | \$   | 4,000.00                   |           |  |
|                |   |   | ved   |  | 0.00                       |           |  |
|                | Balance Due   |   |   | \$   | 4,000.00                   |           |  |
| 2. TI          |   | mpensation paid to me was:  |   |  |                            |           |  |
|                | Debtor  | ☐ Other (specify):  |   |  |                            |           |  |
| 3. TI          | he source of compe  | ensation to be paid to me is:   |   |  |                            |           |  |
|                | Debtor  | ☐ Other (specify):  |   |  |                            |           |  |
| 4.             | I have not agreed   | d to share the above-disclosed c  | ompensation with any other person t   | unless they are mem                              | pers and associates of my  | law firm. |  |
|                |   |   | pensation with a person or persons we names of the people sharing in the  |  |                            | irm. A    |  |
| 5. Ir          | In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: |   |   |  |                            |           |  |
| b.<br>c.<br>d. | Preparation and f<br>Representation of  | Tiling of any petition, schedules,<br>f the debtor at the meeting of cr<br>f the debtor in adversary procee | endering advice to the debtor in dete<br>statement of affairs and plan which<br>editors and confirmation hearing, and<br>dings and other contested bankrupto  | may be required;<br>d any adjourned hea          |                            | cy;       |  |
| 6. B           | y agreement with th   | he debtor(s), the above-disclose  | ed fee does not include the following   | service:   |                            |           |  |
|                |   |   | CERTIFICATION   |  |                            |           |  |
|                | certify that the fore<br>nkruptcy proceeding  |   | of any agreement or arrangement for   | payment to me for re                             | epresentation of the debto | or(s) in  |  |
| Au             | gust 8, 2018  |   | /s/ Lloyd E. Koehl  | er, Attorney at La                               | w                          |           |  |
| Da             |   |   | Lloyd E. Koehler,<br>Signature of Attorney<br>Koehler Law Offic<br>400 Pearl Street<br>Suite 200<br>New Albany, IN 47<br>812-949-2211 Fax<br>lloydkoehler@hot | Attorney at Law<br>ee<br>7150<br>x: 812-941-3907 |                            |           |  |

Name of law firm

Case 18-91173-AKM-13 Doc 1 Filed 08/08/18 EOD 08/08/18 17:08:37 Pg 54 of 57

### **United States Bankruptcy Court** Southern District of Indiana

| In re  | Kevin L Summers<br>Judy C Summers |                                     | Case No. |                     |
|--------|-----------------------------------|-------------------------------------|----------|---------------------|
|        |                                   | Debtor(s)                           | Chapter  | 13                  |
| Γhe ab |                                   | IFICATION OF CREDITOR               |          | of their knowledge. |
| Date:  | August 8, 2018                    | /s/ Kevin L Summers Kevin L Summers |          |                     |
|        |                                   | Signature of Debtor                 |          |                     |
| Date:  | August 8, 2018                    | /s/ Judy C Summers                  |          |                     |
|        |                                   | Judy C Summers                      |          |                     |

Signature of Debtor

CAPITAL ONE 15000 CAPITAL ONE DR RICHMOND, VA 23238

CBS COL PADU 100 FULTON CT. PADUCAH, KY 42001

CREDIT COLL 725 CANTON ST NORWOOD, MA 02062

CREDITONEBNK
PO BOX 98872
LAS VEGAS, NV 89193

DIXIE FINANCE COMPANY 2119 DIXIE HWY. LOUISVILLE, KY 40212

ERC 8014 BAYBERRY RD JACKSONVILLE, FL 32256

FREEDOM MTG 10500 KINCAID DR FISHERS, IN 46037 FST PREMIER 601 S MINNESOTA AVE SIOUX FALLS, SD 57104

FST PREMIER 601 S MINNESOTA AVE SIOUX FALLS, SD 57104

GENERAL ACCEPTANCE C/O CHANDRA HARRIS 2241 STATE ST NEW ALBANY, IN 47150

GLA COLLECT 2630 GLEESON LN LOUISVILLE, KY 40299

I C SYSTEM
PO BOX 64378
SAINT PAUL, MN 55164

INTERNAL REVENUE SERVICE C/O CENTRAL INSOLVENCY P.O. BOX 7346 PHILADELPHIA, PA 19101-7346

INTERNAL REVENUE SERVICE C/O CENTRAL INSOLVENCY P.O. BOX 7346 PHILADELPHIA, PA 19101-7346 KOHLS/CAPONE N56 W 17000 RIDGEWOOD DR MENOMONEE FALLS, WI 53051

LVNV FUNDING
PO BOX 1269
GREENVILLE, SC 29602

ONE VSN FCU 206 W LEWIS AND CLARK PK CLARKSVILLE, IN 47129

PAT HARRISON 5010 S SKYLINE FLOYDS KNOBS, IN 47119

SANTANDER PO BOX 961245 FT WORTH, TX 76161

SERVICE FINANCIAL COMPANY C/O DEATRICK & SPIES, PSC P.O. BOX 4668 LOUISVILLE, KY 40204-0668